



**AFFINITY  
RESCUE**



**2025  
POLICY DOCUMENT**

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## Call Centre

0861 11 77 74



## Email Address

info@affinityrescue.co.za



## Fax Number

086 718 1869



## Address

1 Dingler Street, Rynfield



**24-Hour Emergency Line**

**0861 11 77 74**

## 1. Introduction

- 1.1 This Affinity Rescue Policy is managed and administered by Affinity Life Ltd (Registration Number 1952/0011635/06), a registered Financial Services Provider (FSP Number 49986) (ALL). ALL is the Underwriting Manager and Binder Holder.
- 1.2 The Insurer of Affinity Rescue is Affinity Life Limited (Registration Number 1952/0011635/06), a registered Life Insurer and authorised Financial Service Provider (FSP 49986).
- 1.3 This is a long-term insurance policy regulated by the Financial Sector Conduct Authority. This is not a Medical Scheme or a cash back plan.
- 1.4 This Policy Document should be read in conjunction with your Policy Schedule, as not all cover referred to in the wording may be applicable to the Option that you have selected.

## 2. Welcome to Affinity Rescue

- 2.1 The customers, and all other stakeholders benefit if customers are treated fairly in all aspects of the business. This is why ALL has allocated the administration and servicing of your Policy to the Affinity Rescue Team (Affinity) to assist in all your queries.
- 2.2 **Affinity commits to:**
  - 2.2.1 provide customers with clear information about the products and services that is offered, including fees and charges;
  - 2.2.2 be there to provide customers with information and further clarification on anything that they do not understand in relation to products and services;
  - 2.2.3 give customers access to a formal complaint procedure should they become unhappy with the service provided;
  - 2.2.4 act fairly, reasonably and responsibly in all dealings with customers;
  - 2.2.5 act honestly and try to make sure that brokers, and all other suppliers of goods and services that Affinity does business with do the same;
  - 2.2.6 treat all the Policyholders personal information as private and confidential, and run secure and reliable systems; and
  - 2.2.7 train staff to make sure that the procedures they follow reflect the commitments set out in Affinity's code of conduct.
  - 2.2.8 This Policy includes important information about the Policy purchased. The Owner must please take time to read through this document and keep it in a safe place. Affinity's dedicated team of client services staff are on hand to assist with any questions about the Policy.
  - 2.2.9 Policyholders who are in any way unhappy with the services rendered, should refer to the Disclosure Notice that was included in the Welcome Pack for Guidance on their rights and how best to proceed.
  - 2.2.10 Affinity is dedicated to meet the needs of clients whilst improving business and keeping the community at the heart of all we do. We strive to have a

long and mutually beneficial relationship for many years.

- The Affinity Rescue Team

## 3. About your Policy

- 3.1 The Affinity Rescue product provides you with affordable, life-threatening emergency medical evacuation and rescue services. This Benefit has been chosen by the Policyholder/Owner and is identified as the Defined Cover. Details of the Affinity Rescue Plan Benefits will appear on the Policy Schedule.
- 3.2 **This contract consist of three parts:**
  - 3.2.1 the application form is completed and signed by the Owner and/or by the Representative on the Insured Person's behalf (if the Insured Person and the Owner are not the same person) through a recorded telephonic conversation;
  - 3.2.2 the Policy Schedule is issued to the Owner electronically; and
  - 3.2.3 this document, which contains all the terms and conditions of this life assurance contract.
- 3.3 The Disclosure Notice, which provides a summary of all the important details of this contract as well as details of where and how to lodge a complaint, is included in your Welcome Pack. It does not form part of the contract, but contains important information for the attention of the Insured Person.
- 3.4 **The Insurer Agrees to:**
  - 3.4.1 Maintain the Policy in force for as long as the Owner and/or Insured Person meets all the Policy terms and conditions.
  - 3.4.2 Manage the Policy in accordance with the instructions provided by the Owner on the application form or in any subsequent written instructions provided by the Owner in the format required.
  - 3.4.3 Pay the Policy Benefits to the applicable service provider upon a Defined Event, provided that all special conditions have been adhered to.
  - 3.4.4 Notify the Owner of any exclusions applicable to the Policy.
- 3.5 **The Insured Person(s) and Owner agrees to:**
  - 3.5.1 Timeously provide Affinity with all information requested. Failure to do so may delay or prevent payment of any Policy Benefit.
  - 3.5.2 Pay each and every Premium due on the Policy as agreed and on time. Failure to do so may result in the Policy lapsing. Affinity will notify the Insured Person of any impending lapse. The Policy may lapse when the Premium remains unpaid for a period of more than 45 (forty- five) calendar days.
  - 3.5.3 Notify Affinity of any change in postal address, residential address or contact details, or other applicable information. Please note that Affinity will always communicate with the Owner using their last known details.

- 3.5.4 Us obtaining personal information relating to the Insured Person's historical and future medical information.

## 4. Definitions

- 4.1 In this Policy, unless the circumstances indicate a different intention, the following words and expressions bear the meanings given to them and similar expressions bear corresponding meanings –
- 4.1.1 **“Accident”** means an event that occurs unexpectedly and is not intentionally caused resulting from sudden external forceful trauma. It occurs at a specific time and place, leading to Bodily Injury.
- 4.1.2 **“Active Cover”** means that the cover and benefits provided in terms of this policy are in force and has available benefits, subject to the terms and conditions contained in the Policy Wording.”.
- 4.1.3 **“Admission”** means admission into a Hospital as an inpatient.
- 4.1.4 **“Adult Dependant”** means a person other than a Spouse of the Policyholder who is wholly or partly dependent on the Policyholder for financial support including:
- 4.1.4.1 a child of the Policyholder over the age of 21 (twenty-one) Years;
- 4.1.4.2 an immediate family member (sibling or parent) over the age of 21 (twenty-one) Years; or;
- 4.1.4.3 the second and any additional Spouse of a Member under a customary union or under a union recognised as marriage under the tenets of any religion.
- 4.1.5 **“Application Date”** means the date on which the application for this insurance is completed in its entirety and submitted to the Insurer for assessment.
- 4.1.6 **“Benefit”** means the Benefit amount as set out in the Policy Schedule, provided by the Insurer in terms of this Policy.
- 4.1.7 **“Benefit Start Date”** means the date on which the Insured Person(s) becomes entitled to Benefits. This date occurs after the completion of initial General or Special Waiting Periods.
- 4.1.8 **“Casualty/Emergency Room”** means the Casualty or Emergency Department of a Hospital (that is part of the Hospital or a separate doctor practice) providing Emergency Treatment. Emergency Room will bear the same meaning.
- 4.1.9 **“Child Dependant”** means means the named child of a Policyholder under the age of 21 (twenty-one) Years, including:
- 4.1.9.1 a natural child;
- 4.1.9.2 a stepchild;
- 4.1.9.3 a legally adopted child, including a child adopted in terms of a customary adoption under a tradition

practised by the people of South Africa provided that the child's natural parents are both deceased or;

4.1.9.4 a child of a Child Dependant and/or Adult Dependant.

- 4.1.10 **“Commencement/Commencement Date”** means the date on which the Policy comes into force and effect for the first time as specified in the Policy Schedule.
- 4.1.11 **“Day”** Means 24 (twenty-four) consecutive hours from the time of Admission.
- 4.1.12 **“Defined Event”** means the event which gives rise to the Insured Person having to seek medical treatment and which will be payable by the Insurers set out in this document.
- 4.1.13 **“Emergency Treatment”** means immediate medical treatment required as a matter of urgency to save a member's life, or prevent serious damage to the member's health.
- 4.1.14 **“Family”** includes the Main Member, Spouse, Adult Dependants and Child Dependants added to the Policy.
- 4.1.15 **“Formulary”** means the complete list of procedures, prices, medication and service providers, as approved and amended from time to time by Affinity.
- 4.1.16 **“Fraudulent Act”** includes the Main Member, or any Member on the Policy, or any person acting on the Member's behalf or associated with the Member providing Affinity or the Insurer at any time with inaccurate, incomplete, dishonest, false, fabricated information.
- 4.1.17 **“Grace Period”** means the 15 (fifteen) day period of grace allowed for payment of missed premiums, prior to policy suspension/termination.
- 4.1.18 **“Hospital”** means an establishment which meets the following requirements:
- 4.1.18.1 holds a licence as a Private or Public Hospital, Day Clinic, or Sub-Acute Facility;
- 4.1.18.2 operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients;
- 4.1.18.3 provides organised facilities for diagnosis and surgical treatment; is not primarily a rest or convalescent home or similar establishment and is not, other than incidentally, a place for rehabilitation of addiction.
- 4.1.19 **“Insured Person/Member”** means the natural person and Policyholder as named on the Policy Schedule and their named Spouse and/or Dependant/s who have applied and been accepted by the Insurer and whose Premium is paid and up to date and has in-force insurance cover in terms of this Policy.
- 4.1.20 **“Policy”** means the agreement concluded between the Insurer and the Policyholder in respect of the Benefits set out in the Policy Schedule.
- 4.1.21 **“Policy Schedule”** means the confirmation of Benefits and insurance amounts payable for a Defined Event, issued to the Policyholder in terms

of section 48 of the Long-Term Insurance Act, which should be read in conjunction with this document.

- 4.1.22 **"Pre-authorisation"** means the act of contacting Affinity to obtain authorisation before utilising applicable Benefits.
- 4.1.23 **"Pre-existing Condition"** means any condition, sign, symptom, or circumstance that contributes to an illness/disease/disorder that a Member, an Adult or Child Dependant, has been aware of or should have reasonably known about within the 12 months prior to the Commencement Date. Including, whether that issue was previously known or not.
- 4.1.24 **"Premium/Contribution"** means the Premium payable, in South African Rand, to the Insurer on a monthly basis in terms of this Policy to secure the Benefits.
- 4.1.25 **"Premium Payer"** means the person responsible for the payment of the monthly premium.
- 4.1.26 **"Professional Sport"** means a sporting activity in which an Insured Person(s) engages and from which such Insured Person(s) derives the majority of their annual income.
- 4.1.27 **"Spouse"** means the named married- or life-partner of the Main Member.
- 4.1.28 **"Stabilisation"** means the immediate administration of critical care to a patient experiencing a life-threatening Emergency Medical Condition with the aim to maintain the patient's condition, ensuring their survival and preserving their health until they can receive further medical treatment.
- 4.1.29 **"Territorial Limits"** means within the borders of the Republic of South Africa and specifically excludes Swaziland and Lesotho.
- 4.1.30 **"Waiting Period"** means the number of months from Commencement Date before the Members and Dependant(s) can access Benefits. No claims will be payable during this period.
- 4.1.31 **"Year"** means a calendar Year, from January 1st to December 31st.
- 4.1.32 Any reference to the singular includes the plural and vice versa.
- 4.1.33 Any reference to a gender includes other genders.
- 4.1.34 The clause headings in this Policy Document have been inserted for convenience only.
- 4.1.35 If any provisions in a definition is substantive provision conferring rights or imposing obligations on any party, effect shall be given to it as if it were a substantive clause in the body of the Policy, notwithstanding that it is only contained in the interpretation clause.
- 4.1.36 This Policy shall be governed by, construed and interpreted in accordance with the laws of the Republic of South Africa.

## 5. Premium Payments and Fees

- 5.1 All Premiums are payable monthly in advance by, or on behalf of, the Owner, on the day of the month selected by the Policyholder from the list of dates provided.

- 5.2 If the Premium is not paid on the payment date selected, a 15 (fifteen) day Grace Period will be applicable. The Policy will be suspended during the Grace Period and no claims will be payable.
- 5.3 The Grace Period will commence from the second month following the Commencement Date provided that collection of the first Premium was successful.
- 5.4 The Insurer reserves the right to collect any failed or rejected Premium, which may include a double debit, from the nominated bank account.
- 5.5 Non-payment of Premiums for 2 (two) consecutive months will result in automatic termination of this Policy and no further Benefits will be payable.
- 5.6 Premiums are subject to an annual increase. The Owner shall be notified at least 31 (thirty-one) days before the increase takes place.

## 6. Waiting Periods

- 6.1 This Policy has no waiting periods. You will be covered from the Commencement Date subject to receipt of the first successful Premium

## 7. Benefits

The following Assurance cover and Benefits shall be available to the Insured Persons as follows:

### 7.1 Life-Threatening Emergency Medical Response, Stabilisation and Medical.

#### 7.1.1 Defined Event

- 7.1.1.1 The Contact Centre will upon notification dispatch an appropriate road or air ambulance, which is staffed by appropriately qualified emergency medical care practitioners.
- 7.1.1.2 Once at the scene of the incident, support will be provided to the Member and, where relevant, the Member will be stabilised before a transfer is provided to the closest, most appropriate medical facility.
- 7.1.1.3 The team of medical professionals will prioritise a transfer based on medical conditions, the degree of urgency, the Member's state and fitness to travel.
- 7.1.1.4 Other considerations include but are not limited to airport availability, weather conditions and distance to be covered. Our Contact Centre and operational team will determine whether transport will be provided by a medically equipped helicopter, regular scheduled flight or road.

#### 7.1.2 Special Conditions

- 7.1.2.1 Pre-authorisation is required.
- 7.1.2.2 Only applicable to life-threatening events.

## 7.2 Admission Deposit Guarantees

### 7.2.1 Defined Event

**7.2.1.1** The insurer (where required to facilitate Admission) will issue authorisation to the treating facility for stabilisation in the case of Admission following a life-threatening Accident, traumatic event or sudden illness, including but not limited to:

- Heart Attacks;
- Asthma Attacks;
- Ongoing seizures;
- Serious car accidents;
- Victims of violent crimes; and
- Near drowning.

### 7.2.2 Special Conditions

**7.2.2.1** Pre-authorisation is required.

**7.2.2.2** Only applicable to life-threatening events.

**7.2.2.3** This Benefit is subject to a limit of 1 (one) event per single Member Policy and 2 (two) events per Family Policy per Year, up to R63 000 per single Member and up to R90 000 per Family.

## 7.3 Emergency Casualty Room Stabilisation

### 7.3.1 Defined Event

**7.3.1.1** This Policy provides Emergency Casualty Room visits to ensure immediate and appropriate emergency medical care of the Member by the emergency department of the receiving medical facility, thus preventing any delays in treatment due to financial policies enforced by medical facilities.

**7.3.1.2** Immediate once-off Casualty Room Stabilisation Benefit as a result of an Accident prior to the Commencement Date.

### 7.3.2 Special Conditions

**7.3.2.1** Pre-authorisation required.

**7.3.2.2** Only applicable to life-threatening events.

**7.3.2.3** This Benefit is subject to 2 (two) events per policy per annum and up to a maximum amount of R20 000 per event.

**7.3.2.4** The immediate once-off Casualty Room Stabilisation Benefit is subject to a maximum of R5 000 per Policy. Should this Benefit be claimed the amount paid will be deducted from the yearly maximum expenditure for the Casualty Room Stabilisation Benefit.

## 7.4 Emergency Medical Information

### 7.4.1 Defined Event

Medical advice can be accessed where a medically trained professional will be able to guide you through a medical crisis.

### 7.4.2 Special Conditions

**7.4.2.1** Medical advice can be accessed by calling us on 0861 11 77 74.

**7.4.2.2** Emergency medical advice services are available 24 (twenty-four) hours a day.

## 7.5 Medical Hotline/Confidential Non-Emergency Medical Information and Advice (Telephonic Advice)

### 7.5.1 Defined Event

Affinity Rescue's medical personnel can provide general medical assistance in confidence. This is an advisory and information service as a telephone conversation does not permit an accurate diagnosis.

### 7.5.2 Special Conditions

**7.5.2.1** Non-emergency medical advice can be accessed by calling us on 0861 11 77 74.

**7.5.2.2** Paramedics and nurses will be available 24 (twenty-four) hours a day.

## 7.6 Trauma Counselling (Telephonic Advice)

### 7.6.1 Defined Event

**7.6.1.1** Affinity Rescue's Trauma Support Team will provide support and trauma counselling. Telephonic counselling services provide advice which includes but is not limited to:

- Natural death;
- Unnatural death;
- Crime related incidents (hijacking, armed robbery, shooting, stabbing etc.);
- Sexual assault;
- Attempted suicide;
- Domestic violence;
- Post trauma;
- Drowning;
- Hospital support;
- Death notifications;
- HIV/AIDS; and
- Car Accidents.

## 7.6.2 Special Conditions

**7.6.2.1** Trauma counselling can be accessed by calling us on 0861 11 77 74.

**7.6.2.2** Trauma counselling services are available 24 (twenty-four) hours a day.

## 7.7 Repatriation of Mortal Remains

### 7.7.1 Defined Event

When an insured Person's death occurs away from their normal place of residence, the deceased will be transported to their place of residence.

### 7.7.2 Special Conditions

The Insured Person will only be transported to their normal place of residence within the Territorial Limits.

## 8. General Provisions

- 8.1** This Policy Document together with the Policy Schedule and application form constitute the entire agreement and any word or expression to which a specific meaning has been assigned shall bear specific meaning wherever it may appear. Please read clauses in their entirety to understand their full meaning.
- 8.2** The minimum entry age of the Policyholder is 18 (eighteen) years old.
- 8.3** The age of the Policyholder and Insured Persons cannot exceed 64 (sixty-four) years when first making application to this Policy.
- 8.4** Benefits for the existing Policyholder and their Spouse will cease at the age of 65 (sixty-five) years. In the event of Benefits ceasing for the Policyholder, this Policy shall cease and no further Benefits shall be payable to any Member.
- 8.5** Assurance cover shall commence on the Commencement Date subject to receipt of the first Premium by the Insurer, unless otherwise stated.
- 8.6** The Insurer may alter the terms and conditions, Premiums, or Benefits of the Policy by providing the Policyholder with at least 31 (thirty-one) days' notice in writing.
- 8.7** It shall be the duty of the Policyholder/Insured Person to inform the Insurer of any material changes which may affect the terms and conditions of the Policy, such as a change in medical health or personal details.
- 8.8** Any Fraudulent Actions, misrepresentation, mis-description or non-disclosure of any material fact or circumstances in connection with this Policy, a claim in terms of this Policy or the application for this Policy by the Life Insured or anyone acting on their behalf or anyone claiming under this Policy, may result in this Policy being cancelled, a claim rejected or the Policy voided from inception.
- 8.9** This Policy does not accumulate a cash or surrender value.
- 8.10** Only 1 (one) Policy may be issued to any 1 (one) Insured Person.

**8.11** The Insured Person must display the stickers, which they will receive in their Membership Pack, on their car or cell phone to ensure that the contact centre is contacted in terms of the Affinity Rescue Plan on 0861 11 77 74 in case of any emergency.

**8.12** Insured Persons shall only be covered within the borders of the Republic of South Africa.

**8.13** This Policy shall be governed by, construed and interpreted in accordance with the laws of the Republic of South Africa.

**8.14** Failure to comply with our, or the Insurer's reasonable requests, non-cooperation in the investigation of claims or failure to submit specific claim validation documents/information may result in the rejection of your claim.

## 9. Exclusions

- 9.1** The Insurer shall not be liable to pay Compensation in respect of any Insured Person:
- 9.1.1** if resulting from suicide of such person or attempt thereof, whether due to mental disorders or not, or any other self-injury or intentional exposure to obvious risk of Injury (unless in an attempt to save a human life).
- 9.1.2** if caused by, or as a result of, the influence of alcohol, drugs or narcotics upon such Insured Person, unless administered by or prescribed by and taken in accordance with the instructions of a Member of the medical profession (other than himself).
- 9.1.3** if caused by, or arising from, exposure to, or contamination by, atomic energy and/or nuclear fission or reaction.
- 9.1.4** whilst travelling by air other than as a passenger and not as a member of the aeroplane crew, technical staff or for the purpose of any technical operation thereon or therein.
- 9.1.5** whilst participating in any riot, civil commotion or public disorder, including authorised and sanctioned union activity or active involvement in war, acts of terrorism, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or political risk of any kind.
- 9.1.6** whilst participating in a Professional Sport.
- 9.1.7** for any mental and/or nervous disorders, other than those caused by an Accident as defined in this Policy Document.
- 9.1.8** who is in employment of or service in the permanent force of the South African National Defence Force, South African Police Service or any other armed forces.
- 9.1.9** for any claims for mountaineering or rock climbing necessitating the use of ropes or guides, potholing, hang gliding, skydiving, riding or driving in a race or rally, underwater activities involving the use of artificial breathing apparatus unless the Insured Person has an open water diving certificate and is diving within the depth limitations of such certification, but to a depth no greater than 30 (thirty) meters, and/or similar activities, unless agreed by the Insurer.

- 9.1.10 for any claim arising whilst the Insured Person is perpetrating an intentional unlawful act in terms of South African Law.
- 9.1.11 if caused by any gradually operating cause of which the Insured Person is aware.
- 9.1.12 for claims in respect of expenses arising out of regular medical treatments on an ongoing (chronic) basis.
- 9.1.13 if the person is at the time of an Accident engaged in a race or speed test.
- 9.1.14 if injuries are sustained whilst any person driving a vehicle is under the age prescribed by law, or who is not authorised or qualified to drive the vehicle.
- 9.1.15 for services rendered by a person not registered with the SA Medical Council and/or the South African Health Professions Council and/or the South African Nursing Council.
- 9.1.16 where the Insured Person is covered in terms of a statutory body or their successors, in relation to a Defined Event, this Policy shall be obliged to pay only the amounts for which the Insured Person is liable up to the maximum Benefit amount.
- 9.1.17 for cases of minor illness or injury that can be adequately treated locally other than the provision of telephonic trauma counselling and which does not require Emergency Medical transportation or treatment.
- 9.1.18 for claims that does not relate to a clinically justified, life-threatening event covered under the terms of this Policy.
- 9.1.19 for a Pandemic and Epidemic.

## 10. Claims

- 10.1 Insured Persons must obtain Pre-authorisation for certain Benefits as contained in this document. Moreover, the Insured Person must determine the maximum Benefit payable for each and every Defined Event as the level of Benefit is determined by the Defined Event. To do this, the Insured Person must contact us via telephone on 0861 11 77 74 or via email [info@affinityrescue.co.za](mailto:info@affinityrescue.co.za).
- 10.2 All claims under this Policy are covered when the Premium is paid. If the Service Provider charges a rate above the Benefit payable under this Policy, then such difference is payable by the Insured Person.
- 10.3 It is the sole responsibility of the Insured Person to seek medical assistance immediately when the Insured Person becomes aware of a medical condition that requires stabilisation. The Insurer will not be liable to provide cover because of negligence in the treatment of medical requirements.
- 10.4 Written notice on the prescribed form must be given to the Insurer in writing as soon as practicable of any occurrence which may give rise to a claim under this Insurance, but within 3 (three) months of such occurrence, failing which the claim will not be entertained.
- 10.5 Costs associated with the claim need to be submitted to the Insurer within 120 (one hundred and twenty) days of the Defined Event. In the event of the costs being submitted after 120 (one hundred and twenty) days, they will be deemed stale and the Insurer will not be liable to cover the costs.

- 10.5.1 Any claims as a result of an Accident need to be submitted within 30 (thirty) days of the event giving rise to such claim. Any claim received thereafter will be deemed stale and the Insurer will not be liable to cover the costs.
- 10.5.2 Any event relating to a previous Accident claim submitted within 6 (six) months of the previous claim will not be payable.

### 10.6 In the event that the Insurer repudiates a claim:

- 10.6.1 The Insured Person has 90 (ninety) days to make representations for repudiated claims;
- 10.6.2 Representations must be made in writing outlining the Insured Person's reason for the dispute;
- 10.6.3 We will provide the Insured Person with a written response within 30 (thirty) days;
- 10.6.4 Should the response be unsatisfactory to the Insured Person, they reserve the right to refer the dispute to the Ombudsman for Long-term Insurance or to serve legal process against us within 90 (ninety) days after such representations have been made;
- 10.6.5 Should the Insured Person not exercise these rights within these time frames the claim will be deemed abandoned.
- 10.7 All certificates, information and evidence required by the Insurer shall be furnished in the form prescribed and without expense to the Insurer. The Insured Person shall attend a medical examination on behalf of, and at the expense of, the Insurer as often as shall be required in connection with any claim. Should such documentation not be received the Insurer shall not be liable to consider the claim.
- 10.8 The Insured Person must notify us prior to being stabilised in the Hospital or Emergency Casualty Room by contacting us on 0861 11 11 74 and providing full particulars of the Emergency. Failure to do so may result in non-payment of claims. Where the Insured Person is physically unable to notify us prior to stabilisation, this condition will not apply, subject to us being notified within 48 (forty-eight) hours after admission provided that the Insured Person is physically able to do so.
- 10.9 If any claim under this Insurance be in any respect fraudulent or intentionally exaggerated or if any fraudulent means or devices are used by the Insured Person or anyone acting on their behalf to obtain any Benefits under this Insurance, all Benefits herein shall be forfeited, and no Premiums shall be refunded.
- 10.10 The Insured Persons shall take all reasonable precautions to prevent Accidents and to comply with all statutory requirements and regulations.
- 10.11 The Policyholder hereby gives the Insurer the right to claim from the Insured Person any payment or compensation received by the Insured Person from any third party due to an event that is covered by this Policy.
- 10.12 Should a Pre-Existing Condition exist that results in the injury or Illness becoming more severe, the Insured Person shall only be due the amount deemed to have been incurred because of the specific Accident or Illness.
- 10.13 Compensation under one Benefit pertaining to this Policy shall not be in addition to another.



- 10.14** Any leniency offered in the processing/payment of claims or extension of cover to an Insured Person is not deemed to be leniency on an ongoing basis and the terms of this Policy remain in full force and effect.

## **11. Amendment/Upgrade/Cancellation Procedure.**

- 11.1** Should the Policyholder wish to change personal details, amend any Option or add Dependants onto their existing plan they must contact us directly on 0861 11 77 74, or email info@affinityrescue.co.za along with their membership number.
- 11.2** The Policyholder may cancel membership by giving written notification. Insured Persons will, however, still be covered for the remainder of the month for which the last Premium was collected. No Premiums will be refunded in instances where Benefits were not utilised by the Insured Person.
- 11.3** Should cancellation fall within the 31 (thirty-one) day cooling off period, Premiums will be refunded provided no benefits were utilised.
- 11.4** If the Policyholder cancels the Policy, no claim will be payable for any event occurring after the effective date of termination.
- 11.5** The Insurer reserves the right to cancel or vary membership or that of any Insured Person by giving written notification, where possible, if any Insured Person:
- 11.5.1** provides false information or fail to disclose information upon application;
  - 11.5.2** provides false information upon submission of a claim;
  - 11.5.3** allows any other person to use your membership card;
  - 11.5.4** commits any other fraudulent act;
  - 11.5.5** fails to pay Premiums;
  - 11.5.6** generally acts in a manner indicative of a premeditated selection against the Insurer.

## **12. Dispute Resolution**

- 12.1** This agreement shall be governed, interpreted and construed in accordance with the laws of the Republic of South Africa. Any legal action or proceedings arising out of or in connection with this Policy which is to be instituted in a court of law shall be brought in the High Court of South Africa and irrevocably submitted to the exclusive jurisdiction of such court.

## **13. Sharing of Insurance Information**

- 13.1** The sharing of insurance information for underwriting and claims purposes (including credit information) between Insurer's is in the public interest as it enables Insurer's to underwrite policies and assess the risks fairly and to reduce the incidence of fraudulent claims.
- 13.2** Insured Person(s) hereby consent to the sharing of any insurance information provided by them, or on their behalf, in respect of any insurance Policy or claims

lodged. Insured Person(s) also consent to this information being disclosed to any other Assurance or Insurance company and/or verified against other legitimate sources or databases.



# NOTES

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### Email Address

info@affinityrescue.co.za



### Address

1 Dingler Street, Rynfield



### Fax Number

086 718 1869



### Postal Address

Postnet Suite 124 Private  
Bag X101 Farrarmere,  
Benoni 1518

**24-Hour Emergency Line**  
**0861 11 77 74**



**Call Centre**  
**0861 11 77 74**

V1.2025

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