

**MR PRICE GROUP LTD**  
**A2B COMMUTER PERSONAL ACCIDENT PLAN**

Administered by V & A Risk Management (Pty) Limited  
VM Centre, 356 Pretoria Avenue, Randburg, 2001.  
Tel: 011 789 5885

Underwritten by Guardrisk Life Limited

**GROUP POLICY NUMBER MPGFS 841**

In return for You paying the premium and continuing to meet all the conditions for cover, if Guardrisk Life Ltd (Guardrisk) accepts the premium it will provide insurance cover under the Mr Price Group A2B Commuter Personal Accident Plan as described in this document.

**SECTION 1 : DEFINITIONS**

**Accidental Death**

Your death caused by accidental, violent, external and visible means whilst traveling in your own or any other motor vehicle. In the event of accidental death, it must occur solely and independently of all other causes within 365 days of the injury being sustained.

**Accidental Injury**

Your bodily harm caused by accidental, violent, external and visible means whilst traveling in your own or any other motor vehicle. In the event of accidental injury, it must occur solely and independently

**Administrator**

V & A Risk Management

**Agreement**

The agreement with Mr Price Group Ltd with which you have arranged insurance cover under this policy and if so, through which you have elected to pay your premium

**Card**

Card shall mean your MrPricemoney card.

**Credit and Financial Services Provider**

The Credit Provider is registered in terms of the National Credit Act 34 of 2005 ("National Credit Act") under number NCRCP46. Mr Price Group Limited (FSP License No 31450) has been licensed by the Financial Services Board in terms of the FAIS Act to render intermediary services in respect of Long Term Category A and B as well as Short Term Category 1 Personal and Commercial Lines. A copy of our FSP license and the conditions of the license are available upon request.

**End Date**

The last day of your insurance cover as defined in Section 5 "WHEN THE COVER ENDS".

**Hazardous Pursuit**

Flying other than as a fare paying passenger, hang gliding, ballooning, land and water based motor sports, winter sports, sub aqua diving, mountaineering, and any other activity which would reasonable be expected to enhance the chance of a claim under the policy.

**Insurer / We / Us / Our**

Guardrisk Life Limited

**Monthly Premium**

The premium you must pay to the insurer each month for cover under the policy.

**Period of Insurance**

The period between the start date and end date for which you have paid the monthly premium and we have agreed to accept it. The first period of insurance begins at the start date and all periods of insurance must be consecutive.

**Policy**

The Mr Price Group Ltd A2B Commuter Personal Accident Plan

**Policyholder**

Mr Price Group Ltd

**Start Date**

The date we accept your application for cover under the policy, or the date your agreement starts, whichever is the later.

**You, Your**

A person who is eligible for cover under the policy, who has applied for and been accepted for insurance cover and is named as the person insured in the application form.

**SECTION 2 - ELIGIBILITY**

To be eligible for cover under the policy, you must meet the following conditions at the start date:

- You must be the first named borrower on the agreement, or be specified as the Partner of the first named borrower, in respect of your MrPricemoney account
- You must be at least 18 and less than 60 years of age on the date of application of cover;
- You must work, live and be authorized to reside permanently in South Africa;
- You must apply for cover and agree to pay the monthly premium;
- You must agree to abide by the terms and conditions of the policy.

**SECTION 3 – PERSONAL ACCIDENT COVER****WHAT WE WILL PAY YOU**

If during a period of insurance you suffer accidental death while driving in or as a passenger in your own or any other motor vehicle resulting in one of the conditions listed below, we shall pay you the following benefits under the policy

Accidental Death as defined – R100,000

If during a period of insurance you suffer an accidental injury resulting in one of the conditions listed below, we shall pay you the following benefits under the policy

Accidental Injury – R150,000

Loss by physical separation at or above the wrist or ankle of one or more limbs	100%
Permanent and total loss of	
whole eye	100%
sight of eye	100%
sight of eye except perception of light	100%
permanent and total loss of hearing in both ears	100%

Injuries to the Insured Person who is Gainfully Employed at the time of the accident, resulting in permanent total disability from following usual occupation and any other equivalent occupation for which the Insured Person is fitted by education, knowledge or training	100%
Loss of independent existence	100%

**WHAT WE DO NOT PAY FOR**

We will not pay any benefit if your accidental death or accidental injury arises directly or indirectly from any of the following:

- a self-inflicted injury or suicide within 2 years of the start date;
- any condition you had at the start date;
- any condition for which you have received treatment or advice during the 12 months immediately before the start date;
- war, riot, radioactive contamination, nuclear accidents and similar risks;
- your participation in a criminal act;
- your participation in a hazardous pursuit;
- under the influence or above the legal limit of alcohol intake or drug abuse;
- refusing medical treatment as recommended by your own medical practitioner;
- deliberate exposure to exceptional danger (except in an attempt to save human life)
- participating in sport as a professional player
- flying as a non fare paying passenger on a commercial airline

**SECTION 4 - CLAIMS**

All claims must be notified as soon as possible and no later than 120 days after the insured event by contacting the scheme administrator on (011) 789 5885, or by writing to the administrator at:

V & A Risk Management (Pty) Limited, PO Box 983, Northlands, 2116

A claim form will be sent to You. You must return it to the administrator within 30 days of receipt. Please ensure that all sections of

the claim form are fully completed and any relevant documents are enclosed and sent to the administrator.

Should You need any help in completing Your claim form please contact the administrator.

#### **SETTLING A CLAIM**

We will need proof of your death, or injury and the circumstances leading to your claim.

A death claim must be notified in writing and we will need to see a certified copy of your death certificate and a certified copy of your ID Book.

#### **SECTION 5 - WHEN THE COVER ENDS**

Your insurance cover under the policy will end and no further benefit will be payable, as soon as one of the following occurs:

- You fail to pay the monthly premium;
- You advise us that the policy should be cancelled
- We advise you that your insurance cover has ended;
- The date your agreement ends.

#### **SECTION 6 - GENERAL CONDITIONS**

If you do not keep to the terms and conditions of this policy, you will not be entitled to any benefit under this policy.

If you give false or misleading information when you applied for cover under the policy, and this information affected the decision to insure you, your cover under the policy will end.

If any benefit is paid as a result of your false claim, you will not receive any benefit under this policy and your cover under this policy will end.

If any benefit is paid as a result of your false claim, you will have to repay any benefit you have received and we will take legal action against you.

The contract between you and us is made up of this policy, any endorsement, any written statement of Your medical conditions and any other information provided by You including that in Your credit application.

The rights under this policy cannot be transferred to anyone else and the policy cannot be used to protect any person other than you.

When your cover under the policy ends it will not have a cash value.

We have the right to change or cancel your insurance cover under this policy. You will be told at least 30 days before the change or cancellation takes effect.

For the purposes of disclosure of private underwriting and claims information You consent and acknowledge that the sharing of claims information and underwriting information (including credit information) by Insurers is essential to enable the Insurance Industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, and accordingly You waive any rights of privacy of insurance information in respect of any claim made.

You also acknowledge that the information provided by You may be verified against other legitimate sources or databases. You also waive any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning You.

Should you wish to cancel your cover under the policy, please do so in writing with one calendar month's notice to the following address:

V & A Risk Management (Pty) Ltd  
P O Box 983  
Northlands, 2116  
Tel: 011 789 5885. Fax: 086 525 1785

The law of South African governs this policy.

SIGNED ON BEHALF OF GUARDRISK INSURANCE COMPANY LIMITED BY  
HERMAN SCHOEMAN - MANAGING DIRECTOR

**STATUTORY NOTICE TO LONG TERM INSURANCE POLICY HOLDERS  
IMPORTANT – PLEASE READ CAREFULLY  
DISCLOSURE AND OTHER LEGAL REQUIREMENTS**

(This Notice does not form part of the Insurance Contract nor any other document)

**As a long term insurance policyholder, or prospective policyholder, you have the right to the following information**

**1. YOUR INTERMEDIARY**

<b>Company name:</b>	Mr Price Group Limited		
<b>Physical Address:</b>	65 Masabalala Yengwa Avenue (Formerly NMR Avenue), Durban, 4001	<b>Postal Address:</b>	PO Box, 912, Durban, 4000
<b>Telephone Number:</b>	031 310 8000	<b>Facsimile Number:</b>	031 304 3725
<b>Legal status of the intermediary and the disclosure of any shareholding that the provider may have in excess of 10% in the insurer, any other equivalent substantial interest and if applicable disclosure of whether the intermediary has derived more than 30% of its total remuneration over the preceding 12 months from the insurer:</b>			
We have a written mandate to act as Intermediary on behalf of the Insurer			
Mr Price Group Limited has Professional Indemnity Insurance Cover in force			
Mr Price Group Limited is in possession of the required written agreement to act as an intermediary of Guardrisk Life Limited			
Statutory commission is paid by Guardrisk Life Limited to 20%			
Financial Advisory and Intermediary Services (FAIS) Registration Number is 31450			
Without in any way limiting and subject to the other provisions of the Services Agreement/Mandate, Mr Price Group Limited accepts responsibility for the lawful actions of their Representatives (as defined in the Financial Advisory and Intermediary Services Act) in rendering financial services within the course and scope of their employment.			
<b>Claims Procedure:</b>	Completed claims forms and all required documents to be submitted to V and A Risk Management, 356 Pretoria Avenue, Randburg, 2194		
<b>Complaints Procedure:</b>	Complaints relating to any advice given to you by your intermediary may be notified in writing to: V and A Risk Management: <a href="mailto:complaints@varisk.co.za">complaints@varisk.co.za</a>		
<b>Compliance Officer:</b>	Not applicable		
<b>Policy Wording:</b>	A copy of the policy wording can be obtained from Mr Price Group Limited or from the Administrator, V&A Risk Management (Pty) Ltd		

**2. DETAILS OF THE ADMINISTRATOR**

<b>Company name:</b>	V and A Risk Management (Pty) Limited Registration number 2009/016248/07 is mandated by Guardrisk Life Limited to act as an administrator for all financial products that are sold to clients on its behalf.		
<b>Physical Address:</b>	356 Pretoria Avenue, Randburg, 2194	<b>Postal Address:</b>	356 Pretoria Ave. Randburg, 2194
<b>Telephone No:</b>	011 789 5885	<b>Facsimile No:</b>	086 525 1785
<b>FAIS Registration:</b>	V and A Risk Management (Pty) Limited is a juristic representative of ISS in terms of FAIS Act, FSP No. 19015		
<b>Claims Procedure:</b>	Completed claims forms and all required documents to be submitted to V and A Risk Management (Pty) Limited, 356 Pretoria Avenue, Randburg, 2194		
<b>Compliance Officer:</b>	Not applicable		

**3. DETAILS ABOUT THE PRODUCT SUPPLIER**

<b>Company Name</b>	Guardrisk Life Limited Registration No. 1999/013922/06		
<b>Postal Address</b>	P O Box 786015, Sandton, 2146	<b>Physical Address</b>	Alexander Forbes, 4 <sup>th</sup> Floor Rivonia Road, Sandton
<b>Telephone Number</b>	+27-11-669-1000	<b>Fax Number</b>	+27-11-669-2792
<b>FAIS Registration</b>	Guardrisk Life Limited is an authorised financial services provider in terms of the FAIS Act, FSP No.76		
<b>Compliance Officer</b>	The Compliance Manager, Tel +27-11-669-1039, Fax +27-11-669-2792, e-mail compliance @guardrisk.co.za		

**Type of Policy** Mr Price Group Ltd A2B Commuter Personal Accident Plan

**4. PREMIUMS**

*(DETAILS OF THE PREMIUMS PAYABLE)*

<b>Due Date of Payment:</b>	Your monthly premium will form part of your monthly account with Mr Price Group Limited
<b>Consequence of Non-Payment:</b>	If the premium is not received as aforesaid, you have further 15 days to pay failing which the policy will be cancelled and any claim will not be covered.
<b>Method of Payment:</b>	Your monthly premium will form part of your monthly account with Mr Price Group Limited

**5. OTHER MATTERS OF IMPORTANCE**

<b>i</b>	You will be informed of any material changes to the information about the intermediary and or insurer provided above.
<b>ii</b>	If any of the information reflected above was given to you orally, this disclosure notice serves to provide you with the information in writing. Should you not be satisfied with the policy, you are entitled a period up to 30 days within which you may cancel your policy in writing at no cost. Cover will cease upon cancellation of the policy.
<b>iii</b>	If we fail to resolve your complaint relating to an advice satisfactorily, you may submit your complaint to the <b>FAIS Ombudsman</b> at P.O. Box 74571 Lynwood Ridge 0040 or any other complaint to the Ombudsman of the Long Term Insurance.
<b>iv</b>	You will always be given a reason for the repudiation of your claim.
<b>v</b>	If the insurer wishes to cancel your policy, this will be done in writing, to your last known address.
<b>vi</b>	You will always be entitled to a copy of your policy at no extra charge.

**6. WARNING**

<b>i</b>	Do not sign any blank or partially completed application form.
<b>ii</b>	Complete all forms in ink.
<b>iii</b>	Keep notes of what is said to you and all documents handed to you.
<b>iv</b>	Don't be pressurised to buy the product.
<b>v</b>	If you fail to disclose facts relevant to your insurance, this may influence the assessment of a claim by the insurer.

For complaints on claims that are not satisfactorily resolved by the product supplier contact:

For complaints to the intermediary or insurer that are not resolved to your satisfaction, please contact:

**7. PARTICULARS OF THE LONG TERM INSURANCE OMBUDSMAN**

**8. PARTICULARS OF THE REGISTRAR OF LONG TERM INSURANCE**

<b>Postal Address:</b>	Private Bag X45 Claremont, 7735
<b>Telephone Number:</b>	021 657 5000
<b>Facsimile Number:</b>	021 674 0951

<b>Postal Address:</b>	Financial Services Board PO Box 35655, Menlo Park, 0102
<b>Telephone Number:</b>	012 428 8000
<b>Facsimile Number:</b>	012 347 0221