



health and accident group

An Authorised Financial Service Provider - FSP 376

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EMERGENCY MEDICAL RESPONSE PLAN FOR “SCHOOL”

We thank you for allowing us the opportunity to quote on the above account. Please find our detailed quotation below.

General Terms and Conditions:

- This quotation is subject to the Compass Insurance Company Limited GPA Wording and Extensions.
- All rates are VAT and COMMISSION inclusive.
- Commission: 20% on insurance premium.
- Fee of R2.50 per student payable on the Netcare911 service.
- The cover is compulsory for the declared scholars/students.
- The cover is for the scholar/student whilst on official school or learning institution premises or whilst taking part in official activities at alternative premises.

CATEGORY A	
Scholars/Students	
Death as a result of an Accident	R 25 000
Permanent Total Disablement as a result of an Accident	R 25 000
Medical Expenses as a result of an accident	100% of actual costs not exceeding R25 000 but excluding the first R 300 in respect of each and every claim

Extensions (Automatically included at no extra cost)

- Trauma Counselling up to R20 000
- Repatriation/ Body Transportation up to R20 000
- Mobility up to R40 000
- Emergency Ambulance Costs up to R 10 000
- Daily Hospital Cash Benefit R 1000 per day up to a maximum of 30 consecutive days

Any one Life and Accumulation limits

- Any one life Limit: R 50 000
- Ground Accumulation Limit: R 625 000
- Air Accumulation Limit: R 250 000

Premium

Per scholar per annum	:	R50 x	= R
Netcare911 fee per scholar per annum	:	R22 x	= R _____
TOTAL ANNUAL PREMIUM	:		R _____

THIS QUOTATION IS VALID FOR A PERIOD OF 30 DAYS FROM DATE OF ISSUE.

Should you require additional information or wish to discuss our quotation, please do not hesitate to contact us.

Kind regards

ADRIAN HOFMAN

Direct dial: (011) 234 7333

Direct Fax: (011) 234 7351

IN THE EVENT YOUR CLIENT ACCEPTS THIS QUOTATION PLEASE HAVE THE QUOTATION SIGNED AND RETURNED TO US FOR PROCESSING.

Acceptance of Quote :

Name of Signee :

Position held :

Date :

Inception of cover :

INSURED BODY DETAILS:

1. Name of insured	
2. VAT number	
3. Physical Address	
4. Postal Address	
5. Contact details Tel:..... Fax:..... E-mail:.....	

Please note: this is a summary only – full Policy documents available on request.