

PERSONAL ACCIDENT COVER

1. WHAT IS A PERSONAL ACCIDENT COVER?

This is an insurance scheme that covers death and medical expenses arising from an accident.

2. WHY SHOULD ONE TAKE UP THIS COVER?

One is assured of peace of mind that comes with unplanned costs and increased burden in filing and settling claims in the case of an accident.

3. WHAT'S THE BENEFIT OF THE COVER?

BENEFIT	LIMIT
Accidental Medical Hospitalization Expenses	Kes 20,000
Accidental Death	Kes 20,000

4. HOW DO I SUBSCRIBE TO THE COVER?

Dial *444# on your Telkom line, select “Life Bila Noma Bundle” and follow the prompts

5. ARE THERE ANY EXCLUSION? IF YES, WHAT IS NOT COVERED?

Yes, there are a few exclusions. These are: pre-existing physical or mental defects, self-exposure to hazardous activities such as death from drugs/alcohol, suicide political violence and war risks unless special arrangements are made.

6. ARE ACCIDENTS FROM ANY ACTIVITY COVERED?

The following activities are not covered: Aqualung diving, rugby, boxing, climbing and mountaineering necessitating ropes or guides, parachuting, polo, power boating, motor competitions and show jumping.

7. WHAT IS THE AGE LIMIT FOR TAKING THIS POLICY?

- Minimum entry age is 18 years. Maximum joining age is 65 years at entry.
- Maximum coverage age 70 years.

8. HOW DO I MAKE A CLAIM AT THE APPROVED HOSPITAL PANEL?

The following outlines the claim process for accidental hospitalization and death claims.

A. BRITAM PANEL HOSPITAL

1. Client visits a Britam Inpatient Panel hospital.
2. In the event of admission, the client presents a National ID to hospital within 48 hours of hospitalization.
3. Client calls Britam helpline to request for hospitalization approval.
4. Britam sends authorization to the hospital up to the cover limit.

B. HOSPITALIZATION OUTSIDE BRITAM PANEL HOSPITALS

1. Client will pay the hospital bill and submit; a duly completed claim form, discharge summary, hospital bill/invoice, payment receipts and police abstract to Britam for claim processing within 7 days after hospitalization.
2. Britam will review the received claims and notify the client that the claim has been approved or rejected.
3. For approved claims payment will be made to the client via mobile money up to the cover limit.

C. ACCIDENTAL DEATH CLAIM

1. Next of kin notifies Britam of the death of the policy holder
2. Britam sends claimant the claim form

3. Claimant fills and submits the claim form plus all required documents as stated in the claim form within 14 days after death of the assured.
4. Britam notifies claimant that the claim has been approved or rejected
5. For approved claims, Britam makes payments to claimants through mobile money up to the cover limits.

9. WHAT DOCUMENTS WILL I BE REQUIRED TO HAVE TO MAKE A CLAIM?

The following documents will be required to claim the benefits under this insurance policy:

A. MEDICAL EXPENSES ARISING FROM AN ACCIDENT

- A duly completed claim form
- Hospital discharge summary or case summary showing diagnosis from the treating doctor or hospital
- Original hospital invoices and payment receipts
- ID copy of the claimant
- Police abstract
- Any other document pertaining to the claim which the company may require

B. FOR ACCIDENTAL DEATH CLAIMS:

- A duly completed claim form
- A certified true copy of the original burial permit or death certificate
- ID copy of the deceased at the time of death
- ID copy of the claimant
- A police abstract
- Post-mortem report
- Any other document pertaining to the claim which the company may require

10. WHERE CAN I GET HEALTH SERVICES IN CASE OF AN ACCIDENT?

You can access over 400 hospitals countrywide based on the one which is convenient. A list of hospitals is available on the Britam website.

11. HOW DO I IDENTIFY MYSELF AT THE HOSPITAL?

In case you get admitted in any of the hospitals in our network, call 0709 165 000 to notify Britam who will then send a pre-authorization to the hospital for you to receive treatment. Note, you will be required to show your ID at the hospital.

12. HOW FAST CAN THE PAYMENTS BE PROCESSED?

All valid claims will be paid out within 5 working days with effect from the time the insurer receives all the required documents.

13. IS THE COVER STILL VALID UPON LAPSE OF THE DATE OF RENEWAL?

In the event of non-payment of premiums, all the above benefit shall lapse and become suspended.

14. WHOM DO I CALL IN CASE OF ANY QUERIES?

Call Britam on **0709 165 000** or Email: emcservice@britam.com or Call Telkom on Telkom Mobile: **100** Or Telkom fixed line: **0800 200 000**