

2024  
MAHALA



ACCIDENTAL DEATH COVER

\* R15 000



FINAL EXPENSES

\*\* R5 000



PERMANENT TOTAL DISABLEMENT

\* R15 000



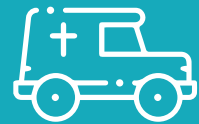
TRAVEL ALLOWANCE

\* R2 500



MOBILITY COVERAGE

\*\* R15 000



REPATRIATION COVERAGE

\*\* Up to R15 000

ADDITIONAL DETAILS CAN BE FOUND ON THE REVERSE SIDE.

Underwritten by

**GUARDRISK**  
TAILORED RISK SOLUTIONS

Administered by

  
**SIYAVIKA**  
risk solutions  
An Authorised Financial Services Provider  
FSP 44099

# MAHALA ACCIDENTAL PLAN

FREE COVER FOR UMVUZO HEALTH MAIN MEMBER ONLY

(Benefits only apply in the event of an accident. Terms and Conditions Apply)

## BENEFIT SUMMARY



### ACCIDENTAL DEATH COVER

\* R15 000

If you die as a result of an Accident, e.g. car or mine accident, a fall or accident in the workplace.



### FINAL EXPENSES

\*\* R5 000

In the event of an Accidental Death and provided that the notification of death is received by the Administrator within 30 days, an additional amount of R5 000 will be paid to the Nominated Beneficiary.



### PERMANENT TOTAL DISABLEMENT

\* R15 000

*Case management by RX Health*  
Total and absolute disablement preventing the Insured from engaging in his/her usual occupation or any occupation which the Insured is qualified for.



### TRAVEL ALLOWANCE

\* R2 500

In the event of an accident of the Insured person, an additional amount of R2 500 will be payable to the Nominated Beneficiary.



### MOBILITY COVERAGE

\*\* R15 000

*Case management by Rx Health*  
If a claim for Permanent Total Disablement has been admitted and as a direct result of such disability the Insured is permanently dependent on a wheelchair for mobility, an additional amount of R15 000 can be paid according to Umvuzo Health case management.



### REPATRIATION COVERAGE

\*\* Up to R15 000

Provided that there is a valid death claim in terms of this Policy, the Administrator will pay the nominated Service Provider the reasonable and necessary expenses incurred for the transportation of the deceased body, up to the amount of R15 000.  
Transportation of the deceased body is allowed within the SADC Borders, according to service provider rules and requirements.

\* Guardrisk Life Products

\*\* Non-Guardrisk Life Products

## IMPORTANT INFORMATION

- An ACCIDENT means a specific event occurring at an identifiable time and place that is an unplanned, unexpected result of unforeseen and unintentional circumstances from an external source which results in Bodily Injury.
- Please complete a Mahala information form when you sign-up as an Umvuzo Health member.
- Claims procedure - Contact Siyavika by telephone, e-mail or fax as per information provided below.
- The Claims Department will need the following to start processing a claim:
  - \* The deceased/injured member's Umvuzo membership number.
  - \* Date and cause of death or accident.
  - \* All relevant documentation, signed and certified by a Commissioner of Oaths, e.g. bank manager or police officer as per requirements on the claim form.
- Premiums will not change during the first 12 months after inception of the Policy unless there are reasonable actuarial grounds to vary the premium or when the variation will be to the benefit of an Insured. After the first 12 months, the Insurer reserves the right to review and change the premium and cover annually. Any changes to the premium will be notified to the Main Member 31 days prior to the change taking effect. Such notification will provide appropriate details of the reasons for the change to the premium and will afford the policyholder with reasonable steps, such as an option to terminate the policy, to mitigate the impact of the increase on the Main Member. The premium may be amended or changed, based on the following factors: past and future expected economic factors (for example, but not limited to, interest rates, tax and inflation), past and future claims experience, past and future expected lapse experience, past and future expected mortality experience, expected future reinsurance, any regulatory and legislative changes impacting this Policy or any other factor impacting the premium that the Insurer deems material at the time.
- Complaint procedure - You are requested to submit any complaint in writing to [complaint@siyavika.co.za](mailto:complaint@siyavika.co.za), or by making use of the address, fax or telephone number at the bottom of the brochure.

**Note:** Disclosure of inaccurate information at inception stage may influence your claim payout.

**Exclusions:** Suicide is excluded for the first 12 months.

#### **Disclaimer:**

The non-underwritten benefits are not regulated in terms of the Financial Advisory and Intermediary Services Act ("FAIS Act") and therefore, you are not afforded the same protections which apply in respect of financial products or services which are regulated in terms of the FAIS Act.

## DECLARATION IN RESPECT OF THE PROTECTION OF PERSONAL INFORMATION ACT

Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

You hereby agree to give honest, accurate and up-to-date Personal Information and to maintain and update such information when necessary.

You accept that your Personal Information collected by Us may be used for the following reasons:

- to establish and verify your identity in terms of the Applicable Laws;
- to enable Us to fulfil our obligations in terms of this Policy;
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your Personal Information (such as your name, address, email address, telephone or fax number) to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent.

You understand that if the Administrator/Insurer has utilized your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk or with the Information Regulator once established.

## IMPORTANT CONTACT INFORMATION SIYAVIKA RISK SOLUTIONS

Alenti Office Park, Building G, 457 Witherite Road, The Willows, Pretoria, 0040

For general information: 0861 774 688

For applications: F: +27 (0) 86 759 9700, E: [applications@siyavika.co.za](mailto:applications@siyavika.co.za)

For claims: 0861 774 688

F: +27 (0) 86 679 0109 | E: [claims1@siyavika.co.za](mailto:claims1@siyavika.co.za) | T: 086 177 4688

[www.siyavika.co.za](http://www.siyavika.co.za)

## UNDERWRITTEN BY GUARDRISK LIFE

An authorised financial services provider (FSP 76) and licensed life insurer.

The Marc, Tower 2, 129 Rivonia Road,  
Sandton, 2196 | PO Box 786015, Sandton, 21946  
T: +27 11 669 1000 | E: [info@guardrisk.co.za](mailto:info@guardrisk.co.za)