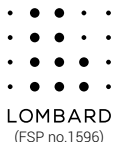




(FSP no. 36571)



LOMBARD
(FSP no.1596)

TURNBERRY TRAVEL INSURANCE APPLICATION FORM 2021

Insurer:

Santam Limited
FSP no. 3416

Risk and Underwriting Managers:

Turnberry Management Risk Solutions (Pty) Ltd
(Reg no : 2007/026488/07) FSP no. 36571

Telephone: 011 677 9891
Fax: 0861 000 508
Physical Address: 4 Osborne Lane, Bedfordview, 2007
Postal Address: Private Bag X2, Gardenview, 2047

Policy No.		Main Member ID No.	
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Please complete and return by fax to: 086 676 0777 | Email to: gordenes@turnberry.co.za

Dear Turnberry Member,

Your Turnberry membership provides you with access to Leisure Travel Insurance. This policy will insure you and your dependants, as listed under your Turnberry policy, against emergency medical expenses that may be incurred while traveling outside of South Africa. Cover is for trips of up to 90 days only with cover starting on the date of departure from RSA.

FREE BENEFIT	TOP UP BENEFIT
<ul style="list-style-type: none"> • R5,000,000 per person travelling for emergency medical expenses only – 90 days only • No cover for pre-existing medical conditions (conditions that you have already been diagnosed with 6 months prior to travelling). • Maximum age is 80 years next birthday 	<ul style="list-style-type: none"> • Only available to policyholders under the age of 69 • Cost and Benefit details on page 2 of this document • The cover is offered to extend your current travel benefits, not to extend the period of travel

In order to activate this benefit, please complete the form below.

Please ensure that application forms are sent to our offices at least **48 hours (2 working days)** before departure. A policy document confirming your emergency medical cover will be issued and sent to you.

A. TRAVELLER DETAILS				
	Full Names	Surname	Title	ID number
Traveller 1				
Traveller 2				
Traveller 3				
Traveller 4				
Traveller 5				

B. ITINERARY		
Departure Date from RSA	Return date to RSA	Main destination

C. CONTACT DETAILS		
Telephone Number	Cell Number	E-mail Address to Send Certificate to

Are you applying for a Visa? YES NO If so, for which country:

TURNBERRY TOP UP TRAVEL POLICY

- PRE-EXISTING CONDITIONS, LUGGAGE & FLIGHT COVER - (Only covers policyholders up to age of 69)
- The top-up travel cover only extends benefits; it does not extend the length of cover beyond the 90 days.
- Please note that no pre-existing conditions, luggage or flight cover are covered on the base Travel insurance product. Should you have a pre-existing condition and require cover for it, we have a Travel Insurance Top up available for you to purchase.

	excl. USA	incl. USA
0-30 Days	R600	R725
31 - 60 Days	R825	R990
61 - 90 Days	R990	R1210

The above rates are per person travelling.

Additional top up	Cover
Additional cover for medical and related expenses	R15 000 000
Medical expenses relating to pre-existing medical conditions	R750 000
Accidental death	R250 000
Accidental permanent and total disablement	R1 000 000
International journey postponement	R7 500 (R500 excess)
International journey cancellation	R15 000 (R500 excess)
International journey curtailment	R15 000 (R500 excess)
International journey extension	R15 000 (R500 excess)
Missed connection	R15 000 (R500 excess)
Replacement airfare	R15 000 (R500 excess)
Travel delay	R2 000 (minimum of 6hrs)
Personal liability	R2 000 000
Luggage	R20 000 (R350 excess)
Single item limit	R5 000
Cash and documents	R2 500
Luggage delay	R2 000 (minimum of 6hrs)

Top up cover available to policyholders under the age of 69 years.

Should you wish to apply for the top up travel policy please complete the sections below :

D. TRAVELLERS WHO REQUIRE TOP-UP TRAVEL COVER		
Names	Pre-existing conditions	Status of condition

E. PAYMENT DETAILS FOR TOP UP TRAVEL INSURANCE COVER	
<i>(not required if you only want to apply for the free travel benefit)</i>	
Method of payment:	<input type="radio"/> Credit Card (enter details below) <input type="radio"/> EFT (a quote will be issued detailing payment options)
Credit card number	
CVV number on back (3 or 4 digits)	
Expiry date	
Signature of Accountholder: _____	Date: <input type="text"/>