

Personal Accident Policy Claims Process (including protocol)

WITHOUT PREJUDICE

TO BE READ IN CONJUNCTION WITH THE GPA POLICY

All claims are limited to the specific cover taken for the calendar year.

All competitors will be liable for payment of the first R1,000.00 for their total claim. This amount will be settled directly with the service providers.

APPLICABLE TO ALL COMPETITORS: In-hospital expenses are to be recovered from your Medical Scheme first. Only shortfalls not recovered by the Medical Scheme for in-hospital costs will be recovered from this policy.

For specific exclusions please note point 9 – “Miscellaneous” of this document as well as the exclusions listed on the GPA Policy

IMPORTANT NOTICE: Claims will only be open for a period of 6 months. Any further treatment required that may exceed the 6-month period will not be covered under the GPA Policy.

GENERAL:

The Underwriters of the policy accept that injuries of varying degrees of severity will occur during motorsport events.

As a result of an increase in claims registered over the last few years, it has become imperative to manage claims more effectively, thus, attempting to prevent dramatic increases in the annual premium. This in turn requires authorisation for certain facets of medical treatment, which will prevent over servicing and overcharging by certain specialities. **It is important to remember at all times, that this is an Emergency Treatment policy and not a Medical Aid.**

PLEASE NOTE THE FOLLOWING PROTOCOLS ARE APPLICABLE AT ALL TIMES:

1. EVENT INJURY NOTIFICATION

Irrespective of the severity of the injury, every competitor who is involved in an accident or a fall at an event is required to consult the medical personnel at the event and have their names and licence numbers entered on the official MSA Accident Report Form. At the time of an accident or fall, the competitor may, as a result of anger, frustration or injured pride, disregard an injury which becomes symptomatic in the subsequent few days and require treatment including surgery. This is of particular importance with regard to injuries of the ankles, knees and the neck.

The Accident Report is sent to the insurer for further verification. **Failure to adhere to ensuring your name appears on the Accident Report could result in your claim being repudiated.**

It is imperative that each and every competitor sustaining an injury and/or fall is seen by the Doctor or Paramedic at the event, on race day. This will confirm that you have been injured at a specific, permitted, MSA event.

2. CLAIM NOTIFICATION

Every competitor is requested to register a possible claim with MSA at the earliest possible time following the injury but **no later than 30 days from the date of the injury**, and on the correct claim form.

- I. The correct and completed claim form, medical certificate and copy of your ID must be submitted to insurance@motorsport.co.za.
- II. Claim Forms and Medical Certificates can be obtained from MSA, downloaded from the competitor's licence profile or via the MSA website www.motorsport.co.za.

- III. The competitor is required to complete and sign the Claim Form (or if the competitor is a minor, his/her parent/guardian must complete and sign).
- IV. The doctor who treated/is treating the competitor must complete and sign the Medical Certificate and return same to MSA within 30 days. **Failure to submit the certificate timeously, could render the claim invalid.**
- V. Invoices must be submitted to MSA as and when they are received and not held back until the end of the treatment.
- VI. **MSA and insurers will not consider claims that are registered after the 30-day deadline.**

The claim will be administered by MSA and forwarded to the Insurers for processing, however, all queries regarding GPA cover or claims must be directed to MSA. The claim will take approximately 2 – 4 weeks from date of receiving all original documentation and depending on whether there are any queries or not **AND PROVIDED ALL ORIGINAL DOCUMENTS HAVE BEEN SUBMITTED AND ALL PROCEDURES ARE FOLLOWED.**

The Claim Form, Medical Certificate and copy of ID, together with the medical accounts must be sent to insurance@motorsport.co.za. The Insurers are unable to process any claims without the relevant documents.

3. TRANSPORT TO HOSPITAL

The competitor will be transported to the nearest appropriate Hospital.

Should the competitor, the competitor's team members or family request transport to an alternate distant hospital for social reasons for example, ease of hospital visiting, the competitor or the team will be held responsible for the costs of the ambulance transport.

Should an injured competitor require ambulance transport from the primary treating hospital, to a second hospital for more advanced treatment that is not available at the primary hospital; the costs of the ambulance transfer will be borne by the insurer. Transfer of an injured competitor from the primary treating hospital to a second hospital of a similar level for social reasons will not be covered by the insurer.

Should the competitor, the competitor's team members or family reject the advice of the event medical personnel with regard to the need for ambulance transport and decide to transport the injured competitor by private transport, MSA and the event medical personnel will not, in any manner be responsible for any complication that may occur during transport. The official MSA refusal of medical attention form must be completed and signed by the competitor.

Insurers will only cover the costs of air transport subject to the following conditions:

- circumstances such as the type and severity of the bodily injury and the distance to the closest appropriate hospital thus requiring the need for air transport;
- the MSA Medical Representative having given permission for the *insured* person to be transported by air; and
- insurers reserving the right to conduct a post-claim medical assessment before they reimburse the *insured* person for the transport costs.

Permission for a competitor/official to be air-lifted to a hospital can only be requested by the events relevant Chief Medical Officer or Chief Medical Coordinator (ALS Paramedic) who must, in turn obtain authorisation from the MSA Medical Panel President. Re-location by air will also require authorisation and only if a life threatening situation occurs.

In the event that an injured competitor requires to be transferred from a primary hospital to a second hospital for advanced definitive care, the identical authorisation procedure must be followed.

Failure to follow the stated authorisation procedure will result in an enquiry and the claim might not be entertained.

4. TREATMENT AT EMERGENCY UNITS

All treatment received by injured competitors or officials at a motorsport event is free of charge as the organiser pays the Service Provider to be at the event.

An injured competitor who is treated at an Emergency Unit and the cost of the treatment is less than R1,000-00 is responsible for the costs of the treatment rendered.

5. X-RAYS (RADIOLOGY)

Insurers will cover medical expenses as a result of specialised X-ray procedures on condition that the medical attendant and the MSA Medical Representative consider it necessary. These procedures include:

- Ultrasound examinations
- Plain X-rays with administration contrast
- CT Scans with administration contrast
- MRI Scans with administration contrast, and;
- MRA Scans

6. HOSPITAL ADMISSIONS

Insurers will cover medical expenses as a result of hospitalisation on the following conditions:

- the MSA Medical Representative gave permission for the *insured* person to be taken to hospital;
- admission is made into a general ward;
- admission to a semi-private, private and/or ICU ward is fully motivated by the treating medical attendant; and admission to a semi-private or private ward for personal or social reasons will be paid at the applicable general ward rates.

7. REHABILITATION

- The insurers will refund the costs for 10 physiotherapy (this includes Bio kinetics; Callisthenics or any similar treatment) sessions per claim. **Sessions required in excess of 10 will require a detailed motivation from the treating doctor before being considered by the Insurers, but can be repudiated.**
- Protective devices that are required during the immediate post-injury period, such as neck, arm, knees and ankle braces are not covered by the policy, only if a detailed motivation letter is supplied by the Doctor.
- The insurers will refund the costs of basic equipment required by competitors who have sustained life changing injuries, such as spinal injuries with paralysis or amputations, to enable them to return to normal life as early as possible.
- Extensive specialised physiotherapy may be required by competitors with spinal injuries and amputations, the insurers will consider requests for prolonged physiotherapy.
- Professional psychological counselling for competitors with spinal injuries and amputations will be considered by the insurers, only up to the limit of Medical Expense Cover.
- Competitors who have fully recovered from their injuries and have received recommended preventative devices such as seats, cushions and braces will be responsible for the acquisition of these devices in their own personal capacity. **The policy does not cover these items.**
- Hyperbaric treatment will only be given for certain/severe injuries. Motivation for Hyperbaric treatment will need to be submitted to MSA prior to having such treatment. **Failure to obtain pre-approval for Hyperbaric treatment will result in repudiation of such claims.**

8. SURGERY

Certain surgical procedures may be performed only to facilitate an early return of a competitor to competition. Such procedures will be investigated by the MSA Medical Panel and should it be proven that the surgery was not essential; the competitor will be held responsible for the account.

Second and subsequent operations to correct limb or life threatening conditions will be accepted. Please provide notice of this 2 weeks prior to the procedure.

Second operations requiring the removal of internal fixations will be covered, provided this is within the 6-month claim period. **Please provide notice of this 2 weeks prior to the procedure.**

Requests for plastic or reconstructive surgery will only be considered on an individual basis. These procedures will only be approved by the Underwriters of the policy.

9. MISCELLANEOUS

Treatment for injuries will only be covered if the injury occurred at an official MSA permitted practice and/or event.

Injuries that occur in the following, will not be covered under the GPA policy:

- Unofficial practice; or
- Competitors holding One Event Licence without GPA cover; or
- Non-sanctioned MSA events; or
- Competitor has not provided the correct medical clearance letter regarding a previous injury and/or claim
- Competitor reflects on the MSA Injury Register
- Pre-existing conditions

Competitors are reminded they are responsible for R1,000-00 of their total claim. This will be settled directly with the service provider. Copies of the invoices for this will still need to be submitted as part of your claim.

Competitors are reminded that the GPA policy is not a medical aid and cannot be seen as a medical aid. Any in-hospital expenses covered by your medical aid cannot be claimed for against the MSA GPA policy. Claims that have affected your medical aid savings will be considered on submission of a full medical aid statement reflecting the accounts were settled on savings. Please ensure to submit copies of the full invoices with the medical aid statements.

It is highly recommended that competitors with medical aid, utilize this for in-hospital expenses. The MSA GPA is limited to 6-months and your personal medical aid might reject or impose penalties on late claims. The MSA GPA policy will assist with any shortfalls within the 6-month period of the claim.

Please note: Competitors who claim from their private medical aid cannot resubmit the same claims to the MSA GPA policy. It is considered fraudulent to claim from two institutions for the same claim; and further action can be taken in such cases. As previously advised, only claims that have affected the savings will be considered as well as shortfalls and private/cash claims.

Competitors are responsible for their accounts at all times. MSA does not undertake to entertain any claims whereby the procedures have not been followed accordingly. It is also not the responsibility of MSA to liaise with any service provider regarding payments/outstanding claims. The onus to supply the relevant documents and/or accounts will always remain that of the competitor.

The use of private facilities in-hospital will NOT be covered, unless if this is at the request of the treating Specialist. This would further require a letter of motivation from the Specialist confirming that the use of the private facilities was in fact for medical purposes.

Claimants are requested to take advantage of accounts whereby the service provider may offer a cash discount on immediate payment. These type of payments will be refunded accordingly if they fall out of the R1,000-00 deductible.

All medical expenses are only covered for a period of 6-months from the date of injury. Please note the GPA policy is an emergency only policy, in place to assist competitors with “emergency treatment”. Competitors are reminded that this policy is not a medical aid and therefore does not act in the same light as a medical aid.

PLEASE NOTE: IF A COMPETITOR SUBMITS A CLEARANCE LETTER FROM THEIR TREATING DOCTOR, THE MSA CLAIM WILL BE CLOSED AND NO FURTHER INVOICES/CLAIMS WILL BE ACCEPTED OR CONSIDERED FROM THE DATE OF THE LETTER.

If a competitor is deemed fit and healthy for competitive sport, there should be no reason that they should still be receiving medical treatment.

10. PERSONAL ACCIDENT BENEFIT (DEATH)

In the event of a death claim, certified copies of the death certificate and the deceased's ID must be submitted together with copies of the BI-1663 report, the claim form, a police report and/or post mortem may also be required.

The deceased's family must inform MSA within 30 days of the date of death.

Payment of the claim will be made by the insurer to Motorsport South Africa. MSA will then process the claim to the insureds beneficiary they have listed on their MSA Licence application.

11. PERSONAL ACCIDENT BENEFIT (DISABILITY)

In the event of a disability claim, a certified copy of the claimant's ID must be submitted to MSA together with the claim form and supporting medical evidence. Please view the GPA policy for an estimated cost per loss/disability.

The claimant or his/her family must inform MSA within 30 days of the date of disability.

Payment of the claim will be made by the insurer to Motorsport South Africa. MSA will then process the claim to the competitor insured under the policy.