



Personal Accident Policy Claims Process (including protocol)

To be read in conjunction with the procedures of claiming. All claims are limited to the cover taken for the calendar year.

GENERAL

MSA and insurers accepts 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.

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 this Report could result in your claim being repudiated by the insurer.

2. Claim Notification

Every competitor is requested to register a possible claim with MSA at the earliest possible time following the injury but certainly no later than 30 days of the date of the injury, and on the correct claim form. The correct and completed claim form must be submitted to insurance@motorsport.co.za. Claim Forms and the Medical Certificate can be obtained from MSA or downloaded from the MSA website www.motorsport.co.za. The competitor is required to complete and sign the Claim Form (or if the competitor is a minor, his/her parent/guardian needs to sign) and the doctor who treated/is treating the competitor must complete and sign the Medical Certificate and return same to MSA within 30 days. Invoices must be submitted to MSA as and when they are received and not held back until the end of the treatment. MSA and insurers will not consider claims that are registered after the 30 day deadline.

The claim will be administered at MSA offices and forwarded to the Insurers for processing. However all queries regarding claims must be directed to MSA. The claim will take approximately 2 – 3 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.

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3. Transport to Hospital

The competitor will be transported to the nearest appropriate hospital.

Should the injured 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.

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. Costs Of 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 of contrast;
- CT scans including those with administration of contrast;
- MRI scans including those with administration of contrast; and
- MRA scans.

6. Hospital Admission

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

- 7.1 The insurers will refund the costs for 15 physiotherapy (this includes Bio kinetics; Callisthenics or any similar treatment) sessions per year. Sessions required in excess of 15 will require a detailed motivation from the treating doctor before being considered by the Insurers, but can be repudiated.
- 7.2 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.
- 7.3 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.
- 7.4 Competitors who have fully recovered from their injuries and their treating specialists have recommended preventative devices, such as seats, cushions and braces will be responsible for the acquisition of such devices personally.
- 7.5 Hyperbaric Treatment requires prior clearance. The Insurers will not refund competitors for Hyperbaric Treatment, if MSA have not been made aware of such treatment, with a motivation letter from the doctor. Hyperbaric Treatment will only be given for certain/ severe injuries.

8. Surgery

- 8.1 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.
- 8.2 Second and subsequent operations to correct life and limb threatening conditions will be accepted. Please advise MSA of the follow up operation at least 2 weeks prior.
- 8.3 Second operations for the removal of orthopaedic hardware which was inserted for legitimate clinical indications, will be refunded by the insurers.
- 8.4 Requests for plastic or reconstructive surgery will only be considered on an individual basis and will require clearance from the insurers.

9. Miscellaneous

- 9.1 Treatment of injuries will only be granted if the injury occurred in official practice or the event.
- 9.2 Injuries that occur in:
- 9.2.1. Unofficial practice; or
 - 9.2.2. Competitors with one event licences – without insurance; or
 - 9.2.3. Non MSA sanctioned events; or
 - 9.2.4. A competitor who has not provided a medical certificate stating that they have completely recovered from a previous injury will not be eligible for medical expenses cover.
- 9.3 Competitors are not covered for pre-existing conditions.
- 9.4 All competitors will be liable for payment of the first R1,000.00 for each and every injury/ claim they sustain at an MSA event.

- 9.5 A claim cannot be lodged with MSA if a claim has been submitted to the competitor's Medical Aid. The only time such a claim will be entertained is if the competitor wishes to be paid out for costs from their Medical Aid Savings account and/or the shortfall (in excess of R1,000.00), in which case, the relevant original accounts must be accompanied by legible Medical Aid statements reflecting payments and shortfalls, together with the original invoices. It is illegal and fraudulent to claim from both the Medical Aid and Personal Accident insurers for Medical Expenses as you are not allowed to make profit on insurance claims. In-hospital accounts will NOT affect your Medical Aid savings, therefore only accounts which have been claimed off your savings will be entertained.
- 9.6 In the event of a competitor having involved his/her Medical Aid in order to get admitted to hospital, MSA must still be notified of this fact and a claim must still be registered for record purposes.
- 9.7 A competitor/ official are at all times liable for payment/ settlement of their own medical accounts. It is not the responsibility of MSA to contact the medical practitioner/hospitals with regard to payments. Competitors/officials must ensure that they give their own address to doctors and hospitals and in turn forward these original accounts to MSA as soon as possible.
- 9.8 A competitor can only claim for MSA sanctioned events and official practice (provided the official practice is listed in the event's Supplementary Regulations). The policy does not cover competitors competing in events run by other organisations and will only apply to MSA sanctioned events.
- 9.9 In the event of secondary treatment being necessary (i.e. having pins/plates removed at a later date) a letter must be produced by the doctor motivating such treatment. The treatment will only apply within the first 24 month period that the claim is open.
- 9.10 Prolonged treatment such as physiotherapy X-rays and hyperbaric treatment requires a detailed letter of motivation from the treating doctor. Refer to the policy document.
- 9.11 The use of private facilities except where private facilities are ordered by a Doctor **WILL NOT BE PAID.**
- 9.12 Claimants are requested to take advantage of discounted doctor's accounts and claimants should submit accounts as soon as possible.
- 9.13 All medical expenses are only covered for a 02year/24 month period from the date of the injury.

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 and the claim form, and a police report and 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 on behalf of the deceased insured person.

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.

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 the insured.