

# LSG INSURANCE ASSIST

Fees quoted per annum



## ASSIST PRODUCTS

<b>Emergency Medical Assist</b>	<ul style="list-style-type: none"> <li>✓ Medical Advice and Information Hotline</li> <li>✓ Emergency Medical Advice and Assistance Hotline</li> <li>✓ Referral to Crisis Line</li> <li>✓ Referrals to Medical Practitioners and Facilities</li> <li>✓ Emergency Medical Response to the Scene of a Medical Emergency</li> <li>✓ Medical Transportation</li> <li>✓ Inter-hospital Transfer</li> <li>✓ Medical Repatriation</li> <li>✓ Escorted Return of Minors</li> <li>✓ Compassionate Visits</li> <li>✓ Repatriation of Mortal Remains</li> </ul>	<b>R 180.00 Per Annum</b> <i>Compulsory</i>
<b>Roadside Assist</b>	<ul style="list-style-type: none"> <li>✓ Roadside Assistance</li> <li>✓ Courtesy Transport</li> <li>✓ Hotel Accommodation</li> <li>✓ Car Rental</li> <li>✓ Vehicle Recovery</li> </ul>	<b>R 96.00 Per Annum</b> <i>Optional</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Home Assist</b>	<p>In the event of a home emergency as a result of breakage of fixtures and fittings, we will arrange for an appropriate repairer (electrician, plumber, locksmith, glazier etc.) to address the problem at one nominated address (call-out fee and one hour labour is covered, thereafter normal rates apply). A home emergency is defined as an event that is potentially life threatening or could possibly cause structural damage to a property.</p>	<b>R 56.00 Per Annum</b> <i>Optional</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Personal Accident</b>	<p>The following Personal Accident cover to the value of R10 000 each:</p> <ul style="list-style-type: none"> <li>✓ Accidental Death</li> <li>✓ Accidental Disability</li> <li>✓ Mobility</li> <li>✓ Accidental Death Final Expenses</li> </ul>	<b>R 56.00 Per Annum</b> <i>Optional</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
		<b>R 388.00</b>

## PERSONAL DETAILS (Please Print)

**Full Name:**  **ID No.:**

**Postal Address:**  **POSTAL CODE:**

**Tel (Business):**  **Tel (Home):**

**Tel (Business):**  **Email:**

Please fax completed form & proof of payment to 086 111 5139. Please quote your name & surname as a reference on the deposit slip. Alternatively send completed forms with a cheque made payable to LSG Premium Account to: LSG | P O Box 53038 | Kenilworth | 7745.

If you require further information, please contact Simon Griffiths or Sharna Solomons on 086 111 5140 or email assist@lsginsurance.co.za. For more detail on cover and benefits visit [www.lsginsurance.co.za](http://www.lsginsurance.co.za).

## BANKING DETAILS:

**Bank:** Standard Bank Constantia **Account Holder:** LSG Premium Account  
**Branch Code:** 025-309 **Account Type:** Current  
**Account No:** 071733965