

Health Insurance Policy

1. Health Insurance Policy for Individuals/Families Only

This **agreement**, together with **your** signed **Proposal Form**, and **your Certificate of Insurance** and **endorsements** thereon as listed in the **Certificate of Insurance** make up the contract between **you** and **us**.

The terms of this **agreement** apply to **you** and all the **members** as stated on the **Schedule of Insured Persons** on **your Certificate of Insurance**.

Words written in **bold type** have a specific meaning within the context of this **agreement**. Such words are either defined within the text of this **agreement**, or in the **definitions** section of the **agreement**.

2. Completing your Proposal Form

Your completed, signed and dated **Proposal Cum Application Form** is an integral and crucial part of **your agreement** with **us** and the cover **we** provide.

When **you** apply for cover under this Policy **you** must ensure that **your Proposal Form** have been honestly, fully and accurately completed, and that **you** have made full disclosures of all the facts relating to **your** health and to the health of all **eligible dependants**.

3. Age limit

Members must be under 70 years of age at the **date of entry** of **their** Policy. No person aged 70 and above would be covered under this insurance unless agreed in writing by **us**.

4. Commencement of your cover

Cover will commence from the **date of entry** stated on **your Certificate of Insurance**. **We** will not commence cover until **we** have accepted **your Proposal Form** and until **we** have received payment of **your full Premium on Inception**.

5. The cover provided

This Policy covers the **members** listed on **your Schedule of Insured Persons** against the **reasonable and customary cost** for only medically **necessary**, recognised medical treatment of acute and chronic conditions, covered under **their** policy. Treatment must be carried out by a **healthcare provider** associated with **us**.

We will only pay for medical treatment received during **your period of cover**.

We will only pay for **necessary** treatment at **reasonable and customary charges** which mean that if the cost of the **member's** treatment is more than **we** would reasonably have been expected to pay for the treatment the **member** received, **we** will only pay the amount which is reasonably and customarily charged and the **member** will have to pay the rest.

6. **Waiting periods**

All new **members** are subject to **waiting periods**, which are detailed separately as an attachment to your policy. No waiver of **waiting periods** under this policy would be effective except by way of a written endorsement by **us** on this policy.

7. **Benefits under your Health Insurance Policy**

The **Benefit Schedule** which sets out the benefits provided by your **Health Insurance Policy** is attached. **You** have bought the **Health Insurance Policy** for the **principal member/s** and **eligible dependants** listed on **your Schedule of Insured Persons**. Please ensure that these **members** familiarize **themselves** with the benefits of **their Health Insurance Policy**. **We** will only pay for the benefits stated in the **Benefit Schedule** and only up to the limit stated therein. If the **member** incurs costs for benefits not covered by **their Health Insurance Policy** or beyond the limit to which they are eligible, **they** will have to pay these costs **themselves** or if **they** have consumed such services from an **Associated Credit Provider**, the costs thereof would be payable to **us** by **you** as if it was premium in default.

All the benefit limits in the **Benefit Schedule** are set out in the currency agreed and all premiums due under this policy shall be paid by **you** ONLY in that currency.

8. **Paying your premiums**

8.1. **Premium on Inception of coverage**

Your premiums are payable annually upfront. **You** must pay the full amount due to **us** at the beginning of each policy period, which is the **due date** for us to commence the cover

Addition of new members (dependents)

Addition of new dependents shall be done either at inception or renewal. All **eligible dependents** of a **principal member** must be on the same **Policy** as the **principal member**. We will only effect cover for additional members into the policy if premiums due for such members are fully paid up.

Addition of new borns

There is no automatic cover for newborn children. The existing **principal member** needs to complete the **Additional Dependant Application Form** and add the new-born as a member following the normal course of **addition of members** for cover to be available for the new-born

8.2. **Ceasing members (dependents)**

If you wish to delete a dependent, you should send us a duly completed **Dependent Deletion Form** along with the original Identity Card of such dependent. We will not delete your members from cover unless the original Identity Cards are surrendered to us along with the concerned forms. We will also not delete any member from cover with retrospective effect. No Premium would be refunded

9. **Eligible Child Dependants**

Any **Eligible Dependant** who is a child can continue to be covered under their **Policy** for as long as **they** are unmarried and less than 18 (eighteen) years old at each subsequent **renewal date**, or less than 21 (twenty-one) years old if **they** are in continuous full-time education in an established educational institution. Acceptable proof for continuing education will have to be submitted and we will notify our acceptance in writing. A dependent child aged 18 years and above would be charged premium at rates applicable for that age bracket

When an **eligible dependant** child marries, or reaches the age of 18 (eighteen) years at **their renewal date** or when **they** cease being in full time education, or, if **they** are in

continuous education but have reached the age of 21 (twenty-one) at **their renewal date**, **they** are no longer eligible to be covered as a **child** on the Policy.

10. **Members Changing Plans**

There will be no changes of plans in between the policy period, All the changes would be effected at renewal.

11. **Renewing cover under your Health Insurance Policy**

Once **you** have **principal members** and **eligible dependants** covered by the policy **you** may continue to renew cover annually, subject to the **agreement** and the **Benefit Schedule** in force at the time of each subsequent **renewal date**, and subject to payment of **your renewal premiums**, at the rates applicable on the date of renewal, on or before the **renewal date**.

In the event of any renewal of the policy after 30 days from the expiry of the policy, the same will be treated as a new policy and all the waiting periods and conditions of the policy will start afresh.

11.1. **Renewal premiums**

Your premium for each new **period of cover** will depend on the number of **members you** have on **your schedule of insured persons** at the start of the new **period of cover** and **their plan**. **Renewal premiums** are subject to change.

11.2. **Your renewal premium profoma invoice or quotation**

We will send **you** a renewal **premium** profoma invoice or quotation which will indicate the total premium due for the next period and will show **your Schedule of Insured Persons** as on the date of the quotation. This renewal **premium** profoma invoice or quotation will be sent to **you** 45 days prior to **your renewal date**. We shall be issuing Tax invoices and EFD receipts upon receipt of **premium** payment.

12. **Accessing Health Care Services and making Claims for refund**

12.1. **Membership Cards**

On enrollment into the **Policy** of any **principal member or dependents we** will issue, within 5 (five) working days, **Membership Cards** (identity cards) that are bio-metric enabled for identification.

12.2. **Membership Confirmation Letters**

If due to any reason beyond our control **we** are not in a position to issue the **Membership Cards** (identity cards) within 5 (five) days, **we** will issue **Membership Confirmation Letters** to be used in lieu of the identity cards for accessing services **ONLY** till such time that the **Identity Cards** are issued.

12.3. **Accessing health care services at Associated Credit Providers that are electronically networked with Us**

Your **members** should access health care services from **Associated Credit Providers** that are electronically networked with **us ONLY** by production of the **Identity Card** and **ONLY** on credit. If any of your members access services at such providers and pay cash, **we** will not reimburse claims for such costs. The **Associated Credit Providers** from whom **your members** can access services and the type of services **they** can access would be as mentioned in the **Benefit Schedule** attached to **your Certificate of Insurance**.

12.4. **Accessing health care services at Associated Credit Providers that are NOT electronically networked with Us**

Your **members** should access health care services **only within the eligibility and limits** from **Associated Credit Providers** that are NOT electronically networked with **us** ONLY by production of the **Identity Card** and on ONLY on credit. If any of your **members** access services at such providers and pay cash, **we** will not reimburse claims for such costs. The **Associated Credit Providers** from whom **your members** can access services and the type of services **they** can access would be as mentioned in the **Benefit Schedule** attached to **your Certificate of Insurance**. If any of your members access services from such providers beyond his eligibility as stipulated in the **Benefit Schedule** forming part of this policy, you will pay us costs invoiced by the health care provider within 15 (fifteen) days of you being formally informed by us. Such amounts due from you will for all purposes under this policy be treated as premium remaining unpaid and all consequences applicable for unpaid premium mentioned elsewhere would be applicable to your policy.

12.5. Refund of claims

There is no claims reimbursement, all eligible members are required to access services to our Associated Credit Providers only

12.6. Benefits requiring pre-authorisation

The following benefits falling under **your Benefit Schedule** is available to **your** members only on **pre-authorisation** from **us** if the same is accessed from our **Associated Providers**:

12.6.1. All benefits listed under the head of Inpatient Benefits in your Benefit Schedule irrespective of whether the service is accessed after admission into the health care provider as an inpatient or not.

12.6.2. All Dental Benefits.

12.6.3. All Correction of Eye Sight Benefits.

All **members** have a right to consider details of the nature of an illness or their treatment to be confidential on any claim lodged with **us**.

12.7. Members who are covered by another insurance Policy

If any **member** listed on **your Schedule of Insured Persons** has any other insurance cover or right to compensation for the cost of treatment, for benefits the **member** has claimed from **us**, **you** must tell **us** in writing as soon as possible or the **member** must tell **us** on the claim form. If the **member** does have other insurance cover or right to compensation, **we** will only pay **our** ratable share of the cost of treatment.

12.8. Our right to cancel your Policy if we are misled

We can cancel the cover of any **member** on **your Schedule of Insured Persons** who has misled **us** or had been in breach of this **agreement**, given **us** incorrect, incomplete or misleading information, failed to provide any reasonable information which **we** have asked for, conspired with a third party to obtain undue benefit from this **Policy**, or submitted a claim which is in any respect fraudulent or unfounded. In any of these circumstances **we** have the right to cancel the **member's** cover from **their date of entry** and recover from **you** any benefit **we** have paid in relation to such claim.

13. Canceling cover under your Health Insurance Policy

13.1. Cancellation at your instance

If **you** decide to cancel this **Health Insurance Policy** **you** must tell **us** in writing and **we** will cancel **your** cover from the beginning of the succeeding month after receipt of your instructions but not earlier than 30 (thirty) days from receipt of **your** written cancellation instruction. Provided all the **Identity Cards** in original have been surrendered to us and no claims have been incurred within the policy, **we** will refund **your premium** paid corresponding proportionately to the unexpired period of cover after adjusting the commission and administration costs

Cancellation at our instance

We may cancel **your Policy** by sending 30 (thirty) days notice by registered letter to **you** at **your** last known address and in such event **you** shall be entitled to the return of any **premiums** paid corresponding proportionately to the unexpired **period of cover**.

14. Costs we don't cover

There are some costs and expenses that are not covered by your **Health Insurance Policy**. Please ensure that **you** and all **members** read and understand this section as **we** will not pay or refund for expenses arising from:

14.1. Addictive conditions/disorders and alcohol, drug and solvent abuse

We do not pay for any treatment required for, or arising from any addictive condition or disorder, or misuse and/or abuse of drugs or alcohol, or substance or solvent abuse, even if it is related to prescribed drugs. However, this exclusion is automatically waived to the extent specifically mentioned in the Benefit Schedule, if your plan has the benefit of Employee Wellness Benefits - Comprehensive

14.2. Birth defects and congenital conditions

We do not pay for any treatment for, or arising from birth defects or congenital conditions. Birth defects and congenital conditions are any abnormality, disease, illness or injury present at birth whether diagnosed or not, hereditary conditions or any deformity arising during the antenatal stages of pregnancy, or caused during child birth.

14.3. Bone marrow transplants

We do not pay for bone marrow transplants.

14.4. Contamination

We do not pay for the treatment of any conditions arising directly or indirectly from chemical or biological contamination, however caused or from contamination caused by nuclear fission, ionizing radiation or by radioactivity from nuclear fuel or waste.

14.5. Cosmetic Surgery

We do not pay for operations or treatments which are not medically essential, including operations or treatments of a cosmetic nature.

We will, however, pay for a surgical operation to restore **your** appearance after an accident, or after surgery for breast cancer, provided the accident and/or breast surgery occurred after the member's **date of entry** and provided the original treatment for the accident or breast cancer surgery was paid for by **us**.

14.6. Criminal Activity

We do not pay for any treatment arising from or related to injuries sustained whilst engaging in a criminal or unlawful act.

14.7. Experimental drugs and treatments

We do not pay for any treatment which in **our** reasonable opinion is experimental, or has not been proved to be effective based on established medical practice.

14.8. Foetal Surgery

We do not pay for surgery undertaken on a **child** whilst it is in its mother's womb.

14.9. Health hydros and sauna baths

We do not pay for the use of health hydros, sauna baths, exercise centres or any similar establishments or private beds registered as nursing homes attached to such establishments or a hospital where the hospital has effectively become the member's home or permanent abode.

14.10. Infertility Treatment

Any treatment/investigation for infertility including but not limited to artificial insemination and in-vitro fertilization is not covered.

14.11. Vitamins, Tonics, minerals and other food supplements

We will not pay for any **vitamins, tonics, minerals and other food supplements** except where the same is dispensed on a medical necessity to prevent side effects of a drug that is also dispensed along with such **vitamins, tonics, minerals and other food supplements**.

14.12. Professional sports and willful exposure to needless danger

We do not pay for treatment required while a **member** is engaged in any professional sporting activity, or any sport or activity reasonably considered by **us**, at **our** discretion, as being of a dangerous nature without limiting the generality thereof including but not limited to parachuting, gliding, paragliding, parascending, whitewater rafting, canoeing, underwater diving involving the use of any artificial apparatus, unless the **member** holds an open water diving certificate and is diving with another certified diver or the **member** is diving with a certified instructor, both no deeper than 30 metres below the surface, hand gliding, or bungee jumping; or any occupation reasonably considered by **us**, at **our** discretion, as being of a dangerous nature, without limiting the generality thereof, including, but not limited to mining, construction and security unless previously disclosed and accepted by **us**.

14.13. Psychiatric, psycho-geriatric or mental illnesses or conditions

We do not pay for the treatment of psychiatric, psycho-geriatric or mental illnesses and conditions of any kind except to the extent specifically listed out in **your Benefit Schedule**. However, this exclusion is automatically waived to the extent specifically mentioned in the Benefit Schedule, if your plan has the benefit of Employee Wellness Benefits - Comprehensive

14.14. Routine and periodic health examinations and vaccinations

We do not pay for medical examinations, arising from pension fund and long term insurance requirements, travel documents requirement, immigration, flying licenses and the like.

We do not pay for routine health checks, vaccination or preventative treatment of any kind unless such a check establishes positive existence of an ailment or disease.

14.15. Search and rescue

We do not pay for search and rescue operations if a **member** is lost in a remote area.

14.16. Self-inflicted injuries

We do not pay for the treatment of self-inflicted injuries. **We** do not pay for treatment of disease, illness or injuries sustained whilst a **member** is under the influence of alcohol and/or drugs. However, this exclusion is automatically waived to the extent specifically mentioned in the Benefit Schedule, if your plan has the benefit of Employee Wellness Benefits - Comprehensive

14.17. Surgical or medical appliances or equipment

We do not pay for supplying, fitting or hiring physical aids and devices (for example crutches, walking sticks and wheelchairs), except to the extent specifically listed out in **your Benefit Schedule**.

However **we** do provide cover for surgically implanted artificial body parts necessary to replace a joint or ligament, a heart valve, the aorta or an arterial blood vessel, a sphincter muscle, the lens or cornea of the eye, or to control urinary incontinence, or to act as a heart pacemaker, or to remove excess fluid from the brain. **We** will also provide cover for a knee brace if it is an essential part of a surgical operation for the repair to a knee ligament, and for a spinal support if it is an essential part of a surgical operation to the spine.

14.18. Travel and companion costs

We do not pay for any travel costs, including airfares, visa fees and hotel accommodation, except where specifically mentioned in this **agreement** or in the **Benefit Schedule**.

We do not pay for the costs of food, lodging or transportation of a companion or relative of a **member** who is caring for the **member** whilst in hospital or being evacuated or under medical confinement of any kind, except in the case of travel costs of one parent of child **dependents** where specifically mentioned in the **Benefit Schedule**.

14.19. Treatment prior to date of entry

We do not pay for any treatment that was given before a **member's date of entry** or after cancellation of membership or during any period for which **we** haven't received **premiums**.

14.20. Treatment that is not covered under the Benefit Schedule

We do not pay for any treatment that is not specifically covered under the **Benefit Schedule** of the **Policy**.

14.21. Treatment of any person who is not covered by us

We do not pay for any treatment incurred by or for any person who is not listed on **your schedule of insured persons**.

14.22. Treatment by a relative

We do not pay for any treatment administered by family, or relatives of a **member** whether qualified and registered or not.

14.23. War Risk

We do not pay for treatment of any conditions arising directly or indirectly from or as a consequence of riot, strike or civil commotion, civil war, rebellion, revolution, insurrection or military or usurped power, any declared or undeclared war or the like, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not) and acts of terrorism committed by a person or persons acting on behalf of or in connection with any organisation.

14.24. Epidemic and Pandemic Outbreak

We do not cover for any direct or indirect consequences, loss or bodily injury or sickness to a disease declared by the World Health Organization as an epidemic or a pandemic outbreak.

14.25. Pre-existing conditions under Travel Benefits

If **your** Plan has coverage for **members** while they are traveling outside the boundaries of Tanzania such coverage will not include cover for **pre-existing conditions**.

14.26. Treatment related to Obesity

We do not cover any investigations, treatment or surgery for obesity and its sequelae

14.27. Laser treatment

We do not cover laser surgery or treatment of any kind unless expressly defined in the **Benefit schedule** of the **Policy**.

14.28. Robotic Surgery

We do not cover laser surgery or treatment of any kind unless expressly defined in the **Benefit schedule** of the **Policy**.

14.29. Refractive Eye Surgery

We do not cover any refractive eye surgery or laser eye treatment unless expressly defined in the **Benefit schedule** of the **Policy**. We do however cover Cataract surgery to maximum of Tzs 1,000,000 per one eye.

14.30. Circumcision

We do not normally cover circumcision, unless expressly defined in the **Benefit schedule** of the **Policy**. We do however cover circumcision for male children or required as a result of medical conditions/complications to the maximum of Tzs 300,000.

15. Definitions

This section explains what **we** mean by certain words and phrases in this **agreement**. Words written in bold both here and in this **agreement** are particularly important as they have specific meaning.

15.1. Adult

Adult means all **principal members** and **their** spouses and **child dependents** above the age of 18 (eighteen) years on **your schedule of insured persons** that are under 70 (seventy) years of age.

15.2. Accident

Accident means a sudden, unexpected, specific and external event which occurs at an identifiable, time and place.

15.3. Agreement

Agreement means the contents of this policy read in conjunction with **your** completed and signed **Proposal Form** and **your Certificate of Insurance** and any other agreement signed by **you** and **us** that refers to this policy. Together these make up **your** contract with **us**.

15.4. Annual

Annual means a period of twelve calendar months from the first day of the month of the **date of entry** of the **member**.

15.5. Associated Credit Provider

Associated Credit Provider means a **healthcare provider** registered with the relevant statutory body of Tanzania that is contracted by **us** for providing health care services to **members** without the members having to pay for such services in cash. Such health care providers will be listed in our Associated Provider List as such.

15.6. Associated Provider List

Associated Provider List means the listing of all the health care providers who are either an **Associated Credit Provider** or an **Associated Cash Provider**. The **Associated Provider List** will be attached to **your Certificate of Insurance**.

15.7. Benefit Schedule

Benefit Schedule means the list of particular benefits provided by the **Policy you** have bought for the **principal members** and **their eligible dependants** who appear on **your Schedule of Insured Persons**. It states the type of expenses **we** cover and the maximum amount **we** pay for each particular benefit during **your period of cover**, subject always to the terms, conditions and exclusions of this **agreement**.

15.8. Certificate of Insurance

Certificate of Insurance means the confirmation of insurance cover issued by **us**. **Your certificate of insurance** confirms the plan **you** have bought for those on the **Schedule of Insured Persons**, its currency, **your period of cover**, the **date of entry** of each **principal member** and **their eligible dependants** and **your renewal date**. The **Schedule of Insured Persons** lists the **principal members** and the number of **their**

eligible dependants insured by us under your agreement with us. It will also list out the attachments thereof that form an integral part of the **certificate of Insurance.**

If there are any changes to the details on **your Certificate of Insurance** that occur after issuing the **certificate of insurance to you we will issue you with an endorsement** confirming the changes.

15.9. Child

Child means a **principal member's** biological or legally adopted son or daughter that is in his/her custody and that is below the age of 18 years or is below the age of 21 years and pursuing full time education in an established educational institution.

15.10. Date of entry

Date of entry means the date on which cover for each of the **members** listed in **your Schedule of Insured Persons** first commenced with **us** and is continuing without a break in period of cover.

15.11. Eligible dependent

Eligible dependent means a **principal member's spouse** and **child dependents.**

15.12. Endorsements

Endorsement is a document by which we make amendments to the **agreement, the Certificate of Insurance, the Benefit Schedule, the Schedule of Waiting Periods, the Schedule of Insured Persons** and any other such attachment to the **Certificate of Insurance.**

15.13. Healthcare provider

Healthcare provider means a person or institution, practicing the modern system of medicine also called allopathic system of medicine, registered with the relevant statutory authorities and recognised by us including:

- 15.13.1. A registered medical practitioner, including general practitioner, physician, specialist, surgeon, anaesthetist, pathologist, radiologist;
- 15.13.2. A registered dentist, dental surgeon and maxilla-facial and oral surgeon, periodontist and orthodontist;
- 15.13.3. A private or other hospital, clinic, nursing home, free standing theatre or rehabilitation service;
- 15.13.4. A registered nurse or nurse-aide providing services for terminally ill patients;
- 15.13.5. A blood transfusion service and supplies;
- 15.13.6. A pharmacy for drugs requiring a doctor's prescription, and run by a registered pharmacist;
- 15.13.7. An optical centre run by a registered optician;
- 15.13.8. A supplier of prostheses both internal and external.

15.14. Life threatening condition

Life threatening condition means a critical medical condition which requires immediate treatment as inpatient to save the life of a member.

15.15. Member

Member means either a **principal member** or **eligible dependant** who appears on **your Schedule of Insured Persons** and for whom **you pay us a premium** to be covered under the **Policy** bought by **you.**

15.16. Proposal Cum Member application form

Member application form means the application form that a **principal member** must complete honestly, fully and accurately about **themselves** and any of **their eligible dependants** proposed for cover.

15.17. Period of cover

Strategis Insurance (Tanzania) Limited

1st Floor, Masaki IKON Building, Bains Avenue, Plot No. 1520 Msasani Peninsula
P.O. Box 7893, Dar es Salaam, Tanzania

Period of cover is a period of one calendar year from the **Commencement Date**. The **period of cover** will continue, subject to the terms and conditions of this **agreement**, provided we receive **your premiums** on or before the **due date**.

15.18. Premium on inception

Premium on inception means the total amount **you** are required to pay **us** on **inception of cover** for the **period of cover** for each **principal member** and **their eligible dependants** listed on **your Schedule of Insured Persons**.

15.19. Premium due date

Premium due date, means the date on which the **Premium on Inception** and **Premium for added members** falls due. **Your premium on inception and additional members** falls due on or before the cover **commencement date** or the **renewal date** of **your policy**.

15.20. Pre-existing condition

Pre-existing condition means any chronic medical condition that a **member** had or any condition that a **member** has had corrected surgically before traveling.

15.21. Principal Member

Principal Member means the policy holder who has completed a **Member Application Form** and has been accepted by us to be covered under this policy and who is listed on the **Schedule of Insured Persons**.

15.22. Renewal Date

Renewal Date is shown on **your Certificate of Insurance** and will normally be the beginning of each **Period of cover**.

15.23. They, their, them and themselves means any **member** listed on **your Schedule of Insured Persons**.

15.24. Us, we, our means the **Insurance Companies** as listed in **your Certificate of Insurance**, each for their respective proportions.

15.25. You, your means **A principal member that holds a policy with us for himself/herself and his/her dependants who are members of a Policy**.

15.26. Waiting period

Waiting period means a period of time commencing on the **date of entry** during which a **member** is required to wait to be entitled to benefit for a particular condition. This is stipulated in the **Schedule of Waiting Periods** attached to **your Certificate of Insurance**.

16. Interpretation of this agreement

This **agreement** shall only be read in conjunction with the **Certificate of Insurance** and all attachments as listed therein. The contents of the **Certificate of Insurance** and its attachments shall supersede the contents of this **agreement** where ever there is a conflict between the two. Type-written matter shall supersede printed matter and hand-written matter shall supersede type-written matter where ever there is a conflict between the three. Hand-written matter will always have to be signed and stamped by the authorized signatory to the **Certificate of Insurance**.

17. Arbitration and jurisdiction

All differences arising out of this Policy shall be referred to the decision of an arbitrator to be appointed, in writing, by the parties in difference or, if they cannot agree upon a single arbitrator to the decision of two arbitrators, one to be appointed in writing by each of the parties within one calendar month after having been required to do so by either of the parties or in case the arbitrators do not agree of an umpire appointed in writing by the arbitrators before entering upon the reference. The umpire shall sit with the arbitrators

and preside at their meetings and the making of an award shall be a condition precedent to any right of action against us. If we shall disclaim liability to you for any claim hereunder and such claim shall not within six months from the date of such disclaimer have been referred to arbitration under the provisions herein contained then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

Any legal proceedings instituted in connection with this Policy shall be brought only before a court of competent jurisdiction in the United Republic of Tanzania.
